

1 HEALTH FACILITIES AND SERVICES REVIEW BOARD

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3 PROJECT NO. 18-042 AMBULATORY SURGERY TREATMENT  
4 CENTER, QUINCY, ILLINOIS

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6 PUBLIC HEARING

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15 PUBLIC HEARING held on January 24, 2019,  
16 between the hours of 1:06 p.m. and 5:12 p.m. of  
17 that day, at the Quincy Public Library, 526 Jersey  
18 Street, Quincy, Illinois, before Jennifer L. Crowe,  
19 a Certified Shorthand Reporter (IL).

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1                                   A P P E A R A N C E S  
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3                   For the Illinois Department of Public  
4                   Health:  
5                   Mike Constantino  
6                   George Roate  
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20       Court Reporter:  
21       Jennifer L. Crowe, CSR  
22       Illinois CSR #084-003786  
23       Alaris Litigation Services  
24       15 S. Old State Capitol Plaza  
      Springfield, Illinois 62701  
      217-522-2211  
      1-800-280-3376

1 (1:06 p.m.)

2 MR. CONSTANTINO: Good afternoon. We are  
3 going to get started. My name is Mike Constantino.  
4 I'm with the Illinois Department of Public Health.  
5 Also with me today is George Roate. You have met  
6 him. He is in the hallway taking your name, your  
7 address, Social Security number, whatever else he  
8 can get from you.

9 I have got to read a brief announcement  
10 into the record, and then we will get started.

11 In accordance with the requirements of the  
12 Illinois Health Facilities Planning Act, notice is  
13 given of receipt to establish an ambulatory surgery  
14 treatment center in Quincy, Illinois, project no.  
15 18-042. The applicants are Quincy Physicians &  
16 Surgeons Clinic, SC doing business as Quincy  
17 Medical Group. The applicants proposed to  
18 establish a multi-specialty ASTC in approximately  
19 27,000 gross square feet of leased space which will  
20 be located at 3347 Broadway Street, Quincy,  
21 Illinois. The estimated project cost is \$19.5  
22 million. The application also contained a safety  
23 net impact statement and was declared complete on  
24 November 15th, 2018.

1           If you'd like to review a copy of that  
2   application, you can go to our web site, and that's  
3   at [www2.illinois.gov/sites/hfsrb](http://www2.illinois.gov/sites/hfsrb).

4           Consideration by the State Board has been  
5   scheduled for March 5th, 2019 in Bolingbrook,  
6   Illinois at the Bolingbrook golf course. That's  
7   2001 Rodeo Drive in Bolingbrook.

8           The State Board will accept written  
9   comments on this project until February 13th, 2019.  
10   The State Board will also post its findings in a  
11   State Board Staff Report, and that report will be  
12   made available to you by the internet on February  
13   19th, 2019. You will have until February 25th,  
14   2019, to provide comments on that State Board Staff  
15   Report.

16           This public hearing is being held by the  
17   Staff of the Illinois Health Facilities and  
18   Services Review Board, and the Staff of the  
19   Illinois Department of Public Health pursuant to  
20   the Illinois Health Facilities Planning Act. This  
21   hearing is open to the public, and will afford an  
22   opportunity for all parties with the interest to  
23   present written or verbal comments relevant to the  
24   project. All allegations or assertions should be

1 relevant to the need for the proposed project and  
2 be supported with two copies of documentation or  
3 materials that are printed or typed.

4 This meeting is and will be accessible to  
5 persons with special needs in compliance with  
6 pertinent federal, state and federal laws upon  
7 notification and anticipated attendance.

8 Please note that in order to ensure and  
9 protect the privacy of individuals' health  
10 information, covered and defined by the Health --  
11 the HIPAA act of 1996, anyone submitting oral or  
12 written testimony concerning an individual's health  
13 information must present authorization to the  
14 hearing officer that will allow an individual to  
15 share that individual's protected health  
16 information at this hearing.

17 Now, if you have not had an opportunity to  
18 sign in, please do so. Those of you who have  
19 prepared a text for your testimony, you may submit,  
20 you may submit the written text which will be  
21 entered in today's record and made available to all  
22 State Board members prior to the State Board  
23 meeting.

24 I will also let you know we do have a court

1 reporter here transcribing your testimony. Her  
2 name is Jennifer Crowe, and she will be conducting  
3 this meeting. If she tells you to shut up, please  
4 shut up. We are very lucky to have her. Today's  
5 proceedings will be transcribed, and that  
6 transcript will also be provided to State Board  
7 members prior to reaching their decision at the  
8 March State Board meeting.

9 If you have any written comments and would  
10 just like to submit them without providing oral  
11 testimony, that will be great. We will take them,  
12 scan them in, and they will be posted on our web  
13 site and sent to the board members. If you have  
14 written comments for others not present, please  
15 submit those comments as well. We will accept them  
16 and do the same thing, post them on our web site  
17 and send them to the board members.

18 Now can I have speaker no. 1 from Quincy  
19 Medical Group?

20 MS. BROCKMILLER: Good afternoon. My name  
21 is Carol Brockmiller, and I'm the Chief Executive  
22 Officer for Quincy Medical Group. I want to thank  
23 Mr. Constantino and Mr. Roate along with other  
24 members and staff of the Illinois Health Facilities

1 and Services Review Board for their assistance in  
2 arranging for the public hearing today. While  
3 Quincy Medical Group did not request this hearing,  
4 I, along with my colleagues, am appreciative and  
5 eager for the opportunity to speak in detail about  
6 the project and provide further insight into why we  
7 chose this project and why now. This is truly a  
8 community-driven project, and we are thankful for  
9 the opportunity to address the community today.

10 Quincy Medical Group strongly believes this  
11 project is needed, and that it will be a true value  
12 to Quincy and the surrounding communities for years  
13 to come. We have spent a lot of time and effort  
14 determining the best way to address the needs of  
15 the Quincy community including our patients,  
16 employers, payors, and Quincy Medical Group as an  
17 organization itself and to ensure any project we  
18 put forward would not adversely effect other  
19 providers in the area whom Quincy Medical Group  
20 respects and wants to see reach their full  
21 potential and continue to serve the Quincy  
22 community.

23 For those who know me, you know I love  
24 Quincy and the people of Quincy. I am born here,

1 raised here and lived here all of my life. We have  
2 a great community, and there is a lot to be proud  
3 of. I have been with Quincy Medical Group for 21  
4 years and CEO for four of those.

5 Before I go into details of the project, I  
6 want to take a few minutes about what Quincy  
7 Medical Group does and more importantly who we are.

8 Quincy Medical Group, or QMG, is a large  
9 multi specialty-physician group based in Quincy  
10 with 115 physicians, 40 nurse practitioners and  
11 physician's assistants and nearly 900 employees.  
12 We are physician owned and governed and all eight  
13 members of our board are physicians. You will hear  
14 from some of them today.

15 QMG has served a population of over half a  
16 million in West Central Illinois, Southeast Iowa  
17 and Eastern Missouri for more than 80 years. We  
18 have 12 locations, and we are the fourth largest  
19 employer in Adams County.

20 QMG is unique as a strong, independent  
21 multi-specialty physician group in the country.  
22 Our physicians have the unique ability to work in  
23 private practice but also enjoy the support and  
24 camaraderie of a larger group. This allows us to



1 recruit high-quality, well-trained physicians who  
2 would perhaps not normally have Quincy, Illinois on  
3 their radar.

4 QMG physicians serve patients of all payor  
5 types whether that be governmental payors like  
6 Medicare and Medicaid or commercial insurance  
7 payors. Approximately 50% of our visits are  
8 Medicare patients, and 10% of our visits are  
9 Medicaid, a high percentage compared to similar  
10 physician groups.

11 Through 6 of our 12 practice sites, we  
12 provide a significant amount of clinical care to  
13 rural residents of West Central Illinois. This has  
14 kept those patients from traveling out of town for  
15 care. We also provide care to patients at  
16 designated rural health clinics in the Quincy area  
17 and beyond. Rural health clinics enhance the  
18 provision of primary care services in underserved  
19 urban and rural communities. Rural health clinics  
20 utilize a sliding fee scale with varying discounts  
21 available based on patient family size and income  
22 in accordance with federal poverty guidelines.

23 The QMG Health Care Foundation was founded  
24 in 2010 by our physicians. QMG funds and operates

1 the foundation through people and services and an  
2 annual physician and employee campaign. As a  
3 for-profit organization, Quincy Medical Group is  
4 prohibited from benefiting in any direct way from  
5 our not-for-profit foundation. Our foundation  
6 board is made up entirely of QMG employees, and  
7 physicians serve on the advisory committee.

8 Today the foundation sponsors, partners and  
9 hosts many regional events each year, one of which  
10 is the Bridge the Gap to Health race now in its  
11 19th year. The proceeds from each year's race are  
12 distributed in full to a local medication  
13 assistance program helping local patients access  
14 needed medications that they otherwise could not  
15 afford.

16 Our foundation has no employees, and we do  
17 not assess any administrative fees. We simply give  
18 back to the region in a variety of ways, and at ten  
19 years old, we are just now getting started.

20 In 2012 we affiliated UnityPoint Health, a  
21 not-for-profit health system. Through that  
22 partnership, we joined their ACO network which has  
23 been incredibly successful.

24 QMG signed onto Epic, an electronic medical

1 record system, which has greatly improved care  
2 coordination. Participating in an accountable care  
3 organization is but one example of QMG's  
4 decade-long preparation to proactively lead health  
5 care transformation and changing reimbursement.  
6 I'm proud to report that QMG has been a  
7 Patient-Centered Medical Home Level 3 for nine  
8 years. QMG achieved meaningful use requirements in  
9 2012 and has maintained that certification. Our  
10 ACO efforts to reduce costs for local Medicare  
11 patients has resulted in shared savings for years.

12 QMG believes that by serving patients in  
13 the community, we improve lives creating a  
14 healthier tomorrow. That's our mission. We take  
15 that mission very seriously and incorporate that  
16 mission into what we do every day. We believe  
17 strongly that this project will further that  
18 mission.

19 Similar to QMG's mission, Blessing's stated  
20 mission is to improve the health of the community,  
21 and one of its stated values is to put the needs of  
22 its customers or patients first. Hospitals  
23 operating as not-for-profit corporations are  
24 required to take into consideration community

1 health and patient needs.

2 We believe this project will further  
3 Blessing's mission, and we hope that Blessing will  
4 support or at least not oppose the project.

5 We are proposing to establish a  
6 multi-specialty ambulatory surgical treatment  
7 center or ASTC. The ASTC will have five operating  
8 rooms, three procedure rooms. One of the five  
9 operating rooms will be dedicated to cardiac  
10 catheterization.

11 We carefully selected the Bergner's  
12 building located on Broadway Street in the Quincy  
13 mall as the location for the surgery center as we  
14 saw the potential for the space to become a  
15 state-of-the-art modern facility and wanted to take  
16 the opportunity to invest back in the community  
17 through repurposing of a space that's integral to  
18 the economic success of Quincy. If the project is  
19 approved at the March board meeting, we will begin  
20 renovations with expected project completion by  
21 2021.

22 The project will also include a cancer  
23 center with infusion therapy and radiation  
24 oncology. That portion of the project is not

1 subject to the Board's review and was not a part of  
2 our CON application for reasons that will be  
3 discussed by others later today.

4 QMG takes its initiative seriously. Over  
5 our 80 years of business, we have not built  
6 buildings, opened services and grown without  
7 serious assessment of community needs and our  
8 ability to create something that is not only needed  
9 but sustainable. We have done our homework. We  
10 have exhaustively assessed properties, buildings  
11 and locations. We know our market, our customers  
12 and our physicians, and we know that offering this  
13 viable option for surgeries and procedures is not  
14 only needed but long overdue.

15 There are many compelling reasons for this  
16 project. I won't have time to address all of them,  
17 so I will focus on just a few, and I will allow  
18 others to speak on the numerous other reasons  
19 justifying this project.

20 First and perhaps most important, there is  
21 a genuine need for the surgery center. There is no  
22 question that health care reform is driving a  
23 continued shift from inpatient settings to  
24 ambulatory or outpatient care. Recent health care

1 legislation has focused on promoting higher quality  
2 and more cost-effective care.

3 Ambulatory surgery centers are health care  
4 facilities that offer patients the convenience of  
5 having surgeries and procedures performed in an  
6 outpatient setting safely outside of a hospital  
7 setting. Since their inception, ASTCs have  
8 demonstrated an exceptional ability to improve  
9 quality and patient service while simultaneously  
10 reducing costs. At a time when most developments  
11 in health care can come with a higher price tag,  
12 ASTCs are the exception to a rule.

13 More types and volumes of surgeries are  
14 increasingly being provided in outpatient settings.  
15 This is indeed the case with QMG. This growth,  
16 along with the physician growth of our group, is  
17 making our ability to efficiently utilize the  
18 existing ASTC in Quincy and the only ASTC in Adams  
19 County extremely difficult. In spite of QMG having  
20 a management contract with the hospital-owned  
21 surgery center, the policies and procedures of the  
22 surgery center are dictated by the hospital, not  
23 QMG. Due to increased surgery volumes, physician  
24 growth at QMG and the hospital's physician group

1 and current surgery center schedule, there is a  
2 very limited amount of surgery center time  
3 available for unplanned surgical center needs, new  
4 incoming physicians and new or expanded surgical  
5 services.

6 There are a number of other factors at  
7 play; space, lack of necessary equipment, et cetera  
8 that are outside of the control of QMG and which  
9 justify the need for a new surgery center.

10 We have experienced significant growth as a  
11 group to date, and there are no signs of stopping  
12 or slowing down. It is a wonderful problem to have  
13 but still a problem we must address and ensure we  
14 have a viable plan in place to expand our  
15 facilities to accommodate such growth. This  
16 surgery center and project is a part of that plan.

17 Another significant justification for the  
18 project relates to cost. QMG will charge  
19 ambulatory surgery center rates for the new surgery  
20 center. Currently QMG is not able to offer lower  
21 cost services for outpatient surgeries performed by  
22 QMG physicians at the existing surgery center  
23 because the owner of the existing facility charges  
24 a facility fee based on hospital outpatient

1 department rates, HOPD.

2 Our CFO and revenue cycle director will  
3 address the cost differential in greater detail,  
4 but in essence, owning and controlling our own  
5 outpatient surgery and catheterization facility  
6 will allow us to pass along savings of  
7 approximately 50% due to the differential between  
8 HOPD rates and ASC rates. This is quite  
9 significant. It will be a welcome reduction for  
10 local employers and patients who have consistently  
11 expressed great concern with the higher costs of  
12 care in Quincy and which has led many patients to  
13 receive treatment outside of Quincy.

14 I could go and on about the wonderful  
15 attributes of this project and the many benefits it  
16 will bring to the Quincy community, but I want to  
17 allow my colleagues the opportunity to share their  
18 comments and support for the project and to also  
19 ensure sufficient time for others to voice their  
20 comments about the project as well.

21 So with that, thank you for the opportunity  
22 to speak today and share our excitement about the  
23 project. I sincerely hope by day's end you leave  
24 with an understanding as to why we proposed this



1 project and you feel as we do this project is truly  
2 beneficial to the region in the future.

3 I am, of course, in full support of the  
4 project, and I urge the Illinois Health Facilities  
5 and Services Review Board to approve the project.

6 MR. CONSTANTINO: Thank you.

7 MS. BROCKMILLER: Thank you.

8 MR. CONSTANTINO: Speaker 2?

9 MR. ROATE: Next to speak, Maureen Kahn.

10 MS. KAHN: Good afternoon. My name is  
11 Maureen Kahn, and I serve as the President and CEO  
12 of the Blessing Health System, and I appear before  
13 you here today in opposition to this CON  
14 application. It is a position that is shared by  
15 our board of trustees and our senior leadership  
16 team.

17 Our mission at the Blessing Health System  
18 is simple yet profound; to improve the health of  
19 our communities we serve. Blessing takes this  
20 application to heart each day caring for those in  
21 need regardless of how small or large the need or  
22 the patient's ability to pay.

23 We oppose the proposed surgery center  
24 because we believe it is wrong for our community,

1 our health care and our local and regional economy.  
2 Quincy Medical Group -- and I have to say I  
3 agree with Carol's comments. We are very fortunate  
4 in this community to have a talented group of  
5 physicians and an accomplished group. So I  
6 certainly support everything that she said in her  
7 opening remarks.

8 Quincy Medical Group has proposed a  
9 standalone surgery center in the former Bergner's  
10 location at the Quincy mall. While we currently  
11 work with QMG to provide surgical services at our  
12 hospital and the Blessing surgery center, QMG has  
13 decided instead to partner with UnityPoint for the  
14 proposed center promising to lower customers' cost  
15 and help revitalize the mall.

16 QMG tried this standalone surgery center  
17 concept before and were not successful. Blessing  
18 stepped in to partner with QMG to purchase the  
19 center, and together we have successfully provided  
20 thousands of surgeries since we took over in 2006  
21 at increasingly affordable rates.

22 Why would we duplicate these services in  
23 another facility?

24 Revenues from the Blessing surgery center

1 provide critical resources for the entire Blessing  
2 system and the greater Quincy community. If this  
3 CON is granted, we estimate a loss of 25 to 40  
4 million a year in revenue or 75% of our total  
5 outpatient surgery revenues and a loss of about 400  
6 jobs in our system. These are very real, painful  
7 effects and will mean a real loss of good paying  
8 jobs and regional economic activity. Any new  
9 activity by the proposed surgical center will not  
10 come close to replacing the lost revenue which will  
11 only multiply over time.

12 So much of the care that Blessing provides  
13 to those in need comes at a great cost to the  
14 organization. We receive less than 11 cents on the  
15 dollar from the state for every Medicaid patient we  
16 see. We provide more than \$65 million a year in  
17 community benefit. Everything from forgiving  
18 medical debt from those who are unable to pay for  
19 it to supporting critical education programs for  
20 future medical practitioners who will care for us  
21 in generations to come.

22 Most troubling, the surgical center  
23 threatens the core safety net health care services  
24 that are not available elsewhere in the area. If

1 QMG UnityPoint opens this center, Blessing will no  
2 longer be able to provide the same level of mental  
3 health, behavioral health and geriatric care  
4 services that many people depend upon in this area.  
5 If those services go away, our patients will  
6 suffer, traveling further for care or simply not  
7 able to receive it.

8 As the Board considers the QMG application,  
9 please keep in mind the history of ambulatory  
10 surgery in Quincy. In 2000, Quincy Medical Group  
11 applied for, and received, a CON for ambulatory  
12 surgery. At that time there was no pre-existing  
13 ASC in Quincy, and Blessing did not oppose the CON.

14 QMG constructed and operated its surgery  
15 center until 2006 when Blessing Hospital acquired  
16 the center from QMG for \$13 million. QMG proved,  
17 for whatever reason, they were unable to keep the  
18 center running or for business reasons they needed  
19 to sell the center, and Blessing stepped up and  
20 acquired the center.

21 The center remains located in their  
22 building, and Blessing worked out a management  
23 agreement with Quincy Medical Group to continue to  
24 manage that center, and they have managed it since

1 2006, and we rent the space from them. We pay a  
2 fair and equitable rent and management fee since  
3 2006. The existing ASTC is located in their  
4 Hampshire Street building on the third floor. It  
5 consists of three ORs, three procedure rooms, and  
6 the appropriate prep and recovery space. The  
7 medical director and director of the program are  
8 employees of QMG.

9 Current utilization of the ORs at the ASTC  
10 at the Hampshire Street building is at the 82%  
11 level utilizing the Illinois Health Facilities and  
12 Services Planning Board formula. When we utilize  
13 the actual hours of operation formula, it is at 52%  
14 utilization.

15 The AST now proposed by QMGP is a  
16 redirection of virtually all of the outpatient  
17 surgeries currently performed at Blessing Hospital  
18 and the existing ASTC to an unneeded and  
19 duplicative facility owned by QMG UnityPoint, and  
20 you will no doubt hear today in detail the project  
21 will have a devastating impact on Blessing Hospital  
22 and cause harm to the region's safety net services.

23 As the Review Board considers this CON  
24 application, I ask that you take into account the

1     devastating impact on critical safety net services  
2     and the educational programs for physicians,  
3     nurses, radiology techs, lab techs, respiratory  
4     techs and EMS providers.

5             As the Review Board considers the CON  
6     application, I ask that you weigh the  
7     self-acknowledged shortcomings of the applicant and  
8     hold it appropriately accountable for misstatements  
9     to this Board. Much of the express rationale for  
10    the CON is purported shortcomings in the operation  
11    of the existing surgery center relating to surgery  
12    hours, the availability of urology and ENT  
13    equipment, the existing of medical record systems  
14    and coordination of care, all presently the  
15    responsibility of QMG as manager.

16            Given the concerns first raised by QMG in  
17    its application, QMG has been formally served a  
18    notice to cure. If they believe the existing  
19    center needs improvement, they have a contractual  
20    obligation to make positive changes. To use their  
21    own shortcomings as justification for being awarded  
22    another ASC is rich irony and just plain wrong.

23            The application contains misrepresentations  
24    that Blessing rejected a proposed joint venture

1 agreement with QMG and that it did not respond  
2 positively to QMG's request to changing the current  
3 arrangement. These representations are completely  
4 false. So blatantly false, QMG was compelled to  
5 retract its statements.

6 As the Board or as the Board considers this  
7 CON application, I ask that it carefully consider  
8 the impact of losing 400 jobs within the Blessing  
9 Health System.

10 We have a long history of working with QMG  
11 and would be glad to pursue a stronger partnership  
12 to improve our strong surgical care in this region.  
13 We have already cut our surgical costs for 2019 by  
14 30%, matching and exceeding the proposed short-term  
15 savings for only a fraction of planned services  
16 that QMG touts for its center.

17 We respectfully urge that the Review Board  
18 deny this CON which would duplicate services,  
19 costs, local jobs, and undermine health care for  
20 thousands of people in need. Thank you.

21 MR. ROATE: Todd Petty.

22 DR. PETTY: Hi. I'm Dr. Todd Petty. I'm a  
23 surgeon at Quincy Medical Group, and the Chairman  
24 of the Board at Quincy Medical Group, and I'm here

1 to speak on behalf of supporting the proposed  
2 surgery center.

3 As Carol mentioned, we have been serving  
4 the tri-state area for over 80 years. As a  
5 multi-disciplinary group we have primary care and  
6 specialty care and the largest physician group in  
7 the Quincy area and surrounding rural areas. Our  
8 group has had significant growth over the last  
9 decade. We have gone from 74 physicians in 2005 to  
10 115 currently which is an increase of more than  
11 50%. At the same time, our annual patient  
12 encounters have increased from about 286,000 to  
13 491,000 which is an increase of over 70%.

14 We have concentrated making our  
15 organization cost effective. So we are providing  
16 high quality care at appropriate charges. To do  
17 this, we stay focused on high or cost-effective  
18 care and maintain overhead costs at approximately  
19 25% which makes us among the best managed groups in  
20 the country.

21 Why focus on costs? Well, I think it is  
22 because managing and controlling health care costs  
23 is everyone's business and important to our group.  
24 As Carol had mentioned, about 50% of our patients



1 are Medicare, another 10% are Medicaid. There is  
2 no expectation this percentage will change. If  
3 anything with our own surgery center, it may  
4 increase. Going to continue seeing a large portion  
5 of Medicare and Medicaid patients.

6 Many people ask why we are interested in  
7 the surgery center again since, as Maureen  
8 mentioned, we have owned one in the past.

9 In 2006, our operations were not what they  
10 should have been. The group was not run nearly as  
11 efficiently as it currently is. We needed to raise  
12 money including millions of dollars for electronic  
13 medical record. We did this in two ways. We sold  
14 the license for our surgery center at 1118  
15 Hampshire to Blessing. This was a decision we wish  
16 we could have avoided, but at that point it was  
17 needed. The surgery center was very successful at  
18 that time. We charged much lower rates than it  
19 does now. We know we ran a highly efficient  
20 surgery center that served the community well.

21 Also, as we assessed forward-thinking  
22 health care partners, we ultimately accepted an  
23 offer by UnityPoint Health to buy minority interest  
24 in our group. It has proven to be a good decision

1 because of the synergy between our missions to  
2 provide high quality local health care at  
3 affordable rates. We have a good relationship with  
4 UnityPoint. However, it is important to understand  
5 that under our arrangement with UnityPoint, profits  
6 from the proposed surgery center will not leave the  
7 community. UnityPoint is not contributing capital  
8 to the project. UnityPoint does not receive  
9 profits from QMG and would not receive profits  
10 from the proposed surgery center. Any profits from  
11 this will stay local.

12 In our strategic planning, we have  
13 determined owning and operating our own surgery  
14 facility is important to our mission to deliver  
15 cost-effective services to area employers and their  
16 employees which are our patients. Employers have  
17 frequently approached us to work with them trying  
18 to deliver surgical services at lower costs  
19 locally. Due to the current high costs, employers  
20 frequently encourage employees to leave town for  
21 lower cost services outside of the area in  
22 Springfield, Peoria and St. Louis. A surgery  
23 center with costs approximately 50% less than the  
24 hospital can offer will better meet their needs.

1           So while on the subject of cost, let me  
2   give you a couple personal examples of how my  
3   patients have been affected by this. So a local  
4   farmer specifically wanted me to fix his inguinal  
5   hernia. I had fixed many on his relatives and  
6   friends. He didn't have insurance, but he saved  
7   about \$10,000. He figured that should cover the  
8   procedure. That operation typically takes about an  
9   hour. It is an outpatient procedure. I explained  
10   to him my fee to him would be about \$1,000, but the  
11   surgery center facility fee would be a lot more. I  
12   didn't know the actual number. He had to look into  
13   it. When he reported to me that the cost was  
14   \$30,000, I didn't believe it. So I pursued it  
15   myself and verified that. I also found out,  
16   though, that he could get a cash discount  
17   decreasing it to 18,000. If he paid for it ahead  
18   of time, it would be 16,200. Well, he didn't have  
19   that much, so he had to decide if he is going to  
20   leave the area for a lower price or put up with his  
21   hernia until next year when he hopes to have  
22   insurance.

23           Another of my patients more recently needed  
24   gallbladder surgery. This, too, is an outpatient

1 operation. Takes about an hour. When he arrived  
2 that morning, he discovered his insurance was only  
3 going to pay \$1,000 toward a \$21,000 expected  
4 facility fee. He was asked to sign a form that  
5 morning agreeing he would be legally liable for the  
6 rest of it. Well, he was having a lot of abdominal  
7 pain and I talked with him about if he wanted  
8 cancel things, go elsewhere, and he didn't. He  
9 wanted to get it over with. So he went ahead  
10 signed the form, and we did the operation.

11 So just two patient stories showing how  
12 cost issues are at play here and the need for  
13 greater competition and patient choice.

14 Let me talk about our relationship with  
15 Blessing. So the project should not be viewed as  
16 an effort to harm the hospital. Our physicians  
17 have admitting privileges there. Several  
18 department chairs, directors, the surgical chief at  
19 Blessing are all QMG doctors. Our physicians are  
20 there every day. We plan the surgery center such  
21 that with expected growth, Blessing's surgical  
22 volumes after the center opens will be  
23 approximately the same as they are now. Our cost  
24 to provide surgery, however, will be far below the

1 cost at Blessing. We are not charging outpatient  
2 department rates.

3 We have raised many alignment issues with  
4 leaders of Blessing in recent years. Some have  
5 succeeded. Many have not. Our missions are  
6 similar, but a joint venture providing true  
7 physician control of the outpatient surgery center  
8 does not seem to fit in the hospital's culture. We  
9 understand and have planned our project to deliver  
10 care in the setting and cost structure we believe  
11 best fits the community and our organization. Our  
12 local experience is also a microcosm of what has  
13 transpired nationally with hospitals and health  
14 systems seeking to own and control physician  
15 practices. While this is often done with the  
16 stated intent of lowering prices, multiple studies  
17 have routinely shown the opposite; that a medical  
18 monopoly typically leads to higher prices locally.  
19 So while the force is overwhelming, we prefer to be  
20 able to operate independently and efficiently with  
21 our own facilities, equipment and policies. We  
22 think the local community prefers physicians with  
23 autonomy over their practice patterns rather than a  
24 more corporate model of health care that controls

1 physicians and rates.

2 A Certificate of Need has an important role  
3 focused on facilities. Our planning has developed  
4 a project that we believe fits with the State's  
5 review criteria and standards and preserves the  
6 private practice of medicine in a cost-effective  
7 setting.

8 So as Chairman of Quincy Medical Group, I  
9 encourage approval by the CON board. That's all  
10 that I have got.

11 MR. ROATE: Betty Kasparie?

12 MS. KASPARIE: My name is Betty Kasparie.  
13 I am one of Blessing Hospital's longest serving  
14 senior employees. I have worked with the Illinois  
15 CON process for 40 years. This is the first time  
16 either Blessing or I have opposed a project.

17 The applicant proposes to establish an  
18 outpatient center offering ambulatory surgery with  
19 cardiac catheterization and CT scanning just three  
20 miles from the current ASTC in Quincy and take 75%  
21 of the current and next two years' growth volume to  
22 the proposed center. This project represents a  
23 duplication of health care facilities, has a  
24 negative impact on safety net services in the

1 community and does not contain the cost of health  
2 care.

3 The Review Board's regulation recognized  
4 only five circumstances that would justify the  
5 establishment of an ASTC in the area, and QMG's  
6 project does not meet any of the five criteria.  
7 The criteria are:

8 There are no other ASTCs in the area. This  
9 criteria is not met because there is an existing  
10 ASTC.

11 The existing ASTC and hospital outpatient  
12 surgery services are at or above state utilization  
13 standards. Again, this criteria is not met. The  
14 existing facilities are all not operating at target  
15 utilization levels.

16 The proposed ASTC offers new services not  
17 currently available in the area. This criteria is  
18 not met because surgical services proposed by QMG  
19 are currently being performed by Blessing Hospital  
20 in the existing ASTC.

21 The existing facilities have restricted  
22 admission policies. This criteria is not met  
23 because none of the existing facilities have  
24 restricted admission policies.

1           The proposed project is a cooperative  
2   venture sponsored by an existing area hospital.  
3   This criteria is not met because the QMG project is  
4   not sponsored by the only existing area hospital  
5   which is Blessing Hospital. The first we ever  
6   heard about this matter was the day it was filed.

7           Moreover, the applicant is unable to  
8   describe how the proposed project will address  
9   indicators of need as required in Section 1110.235.  
10   By any straightforward application of the board  
11   requirements, clearly this CON should be denied.  
12   Thank you.

13           MR. ROATE: Dr. Richard Schlepphorst.

14           DR. SCHLEPPHORST: Thank you. I'm Dr.  
15   Richard Schlepphorst, Chief Medical Officer and  
16   Compliance Officer for Quincy Medical Group. My  
17   role as CMO involves me in long-range planning for  
18   the medical group, its operations, quality  
19   oversight, recruitment of physicians and  
20   governance. I was born and raised in Quincy, and I  
21   have practiced medicine here as a pediatrician for  
22   my entire career, more than 30 years. Quincy is  
23   home.

24           Like many other physicians at Quincy



1 Medical Group, I currently have a clinical  
2 administrative role at Blessing Hospital serving as  
3 its chairman of the Department of Pediatrics.  
4 Other Quincy Medical Group physicians work under  
5 contract or oversee the ICU at Blessing, cover  
6 calls in the emergency department and EMTALA  
7 coverage for community, work under contract in  
8 partnership with Blessing Hospital to cover  
9 surgical trauma and orthopedic trauma and admit our  
10 patients to Blessing when our patients require  
11 hospital services.

12           Throughout my years of practice in  
13 administration, there have been many important and  
14 collaborative relationships among and between the  
15 doctors and the hospital, and it is important that  
16 these relationships continue during and after our  
17 project is under way. There have been times when  
18 we have come together to create something great.  
19 At other times we have needed to work  
20 independently. When Blessing has pursued  
21 independent projects including its two recent  
22 projects requiring CON approval including a  
23 building to house physicians recruited that compete  
24 with our existing services, Quincy Medical Group

1 did not oppose those projects.

2           The entire executive team at Quincy Medical  
3 Group has gone to great lengths to plan our surgery  
4 center project so that it will not harm Blessing  
5 Hospital or our valued professional relationship.  
6 A strong local hospital delivering quality health  
7 care is vitally important to our physicians and to  
8 the community, and we are committed to its ongoing  
9 success. We sincerely hope Blessing will consider  
10 the best interests of the community and its  
11 patients and, as a result, support our project.

12           Subsequent to the filing of our CON  
13 application, Blessing has made comments that the  
14 various issues we raised in our application in  
15 relation to Blessing's surgery center are under the  
16 control of Quincy Medical Group. The idea that  
17 Quincy Medical Group controls the operations at  
18 Blessing's surgery center is not at all  
19 representative our working relationship. We have a  
20 management agreement with Blessing, but that  
21 management agreement specifies that we essentially  
22 provide medical direction and perform quality  
23 functions. In fact, Blessing controls the  
24 following: The decision making regarding the

1 hiring and firing at the surgery center and their  
2 employees, all but one of whom are employed by  
3 Blessing; policies governing the surgery center;  
4 surgical block time as approved by the Blessing  
5 Hospital OR committee; determination of staffing  
6 ratios; credentialing; purchasing of equipment;  
7 contracts with critical services such as  
8 anesthesiology group; and most importantly, the  
9 pricing to payors in relation to the procedure  
10 performed at the surgery center.

11 We can recommend changes be made, and we  
12 do, but it is the hospital's prerogative to make  
13 the changes recommended. We can recommend new  
14 equipment or expansion of hours, but ultimately  
15 whether our recommendations get put into action is  
16 up to Blessing. These are not issues unique to  
17 Blessing but are institutional constraints common  
18 to many hospitals. Blessing's surgery center is,  
19 in essence, operated as a hospital institution  
20 which means slow-moving, more layers of approval  
21 and limited opportunity for physician input.

22 Let me cover several reasons why this  
23 project is a good one for the community health care  
24 sector.

1           The proposed surgery center will have a  
2   significantly lower facility fee than the existing  
3   fee currently charged in the surgery center owned  
4   and operated by Blessing. That is why businesses  
5   and employers are supportive of our project. The  
6   high facility fees charged by the hospital are  
7   prompting more and more businesses to encourage  
8   their employees to shop outside of Quincy for  
9   surgical or other health care services where costs  
10   are significantly lower.

11           Finally, the project enhances our ability  
12   to recruit talent needed to serve Quincy and the  
13   surrounding towns. Quincy Medical Group is  
14   actively recruiting physicians in many specialties  
15   and the staff to support them. We have always been  
16   able to recruit top notch physician talent, but we  
17   believe the increasingly competitive recruitment  
18   market requires us to move forward with our ASTC as  
19   that is an opportunity that perspective recruits  
20   seek.

21           For the betterment of local health care, I  
22   urge you, the Illinois Health Facilities and  
23   Services Review Board, to approve our plan. Thank  
24   you.

1 MR. ROATE: Jill Stroot.

2 MS. STROOT: Good afternoon. Good  
3 afternoon. My name is Jill Stroot, and I serve  
4 Blessing Hospital as the Director of Patient  
5 Access. I oppose this CON filing. This project  
6 does not provide service closer to patient homes  
7 because the proposed location is less than three  
8 miles from the current facility managed by QMG.  
9 These are all scheduled procedures, not emergent  
10 procedures. So moving them three miles away does  
11 nothing to improve access.

12 QMG states that 80% of surgeries being done  
13 today in the existing surgery center are performed  
14 by QMG physicians. If the proposed application is  
15 approved, it will, in essence, gut the current ASTC  
16 located in Quincy. Shifting surgeries from one  
17 location to another will greatly impair the  
18 efficiency of the current center.

19 Since 80% of surgeries are performed by QMG  
20 physicians, the current ASTC that is managed by QMG  
21 -- sorry, the proposed new ASTC will not improve  
22 care or increase patient choice. It will simply  
23 change the location where the procedures are  
24 performed and send 40% of patient revenues to QMG's

1 out-of-state partner, UnityPoint.

2 Adding another ASTC in the Quincy community  
3 will cost more for patients than if QMG, UnityPoint  
4 and Blessing could collaborate in the current  
5 location with the approved space.

6 For these and other reasons, the CON  
7 application should be denied.

8 MR. ROATE: Thank you. Patty Williamson.

9 MR. CONSTANTINO: Jill, could I have your  
10 written comments?

11 MS. WILLIAMSON: Good afternoon. My name  
12 is Patty Williamson, and I serve as the Chief  
13 Financial Officer of Quincy Medical Group. I'm  
14 thankful to have the opportunity to speak in  
15 support of the project today.

16 Carol introduced the project. I would like  
17 to speak to how it will be funded. The project is  
18 structured as a lease in the former Bergner's  
19 building, not as a purchase of a building or the  
20 building of a new structure, and as such, that  
21 greatly reduces the cost of the project while  
22 adding value to the community by repurposing of  
23 vacant space. The cost of the project is in the  
24 medical equipment that will be needed as well as

1 initial -- I'm just going to speak very loudly.  
2 The cost of the project is in the medical equipment  
3 that will be needed as well as initial start-up  
4 operating expense which will be financed through a  
5 bank loan and retained earnings of the  
6 organization. Of the \$19.5 million project, 11.9  
7 million is related to the long-term lease of space  
8 leaving 7.6 million to be funded from the bank loan  
9 in cash. Our local bank supports the project and  
10 is excited o work with Quincy Medical Group to  
11 bring the proposed ASTC to the Quincy community.

12 Some have raised concerns regarding QMG's  
13 ability to fund the project. It is important to  
14 understand that for-profit medical groups do not  
15 retain large cash reserves like nonprofit hospital  
16 systems. Instead, excess cash is used to invest in  
17 new service lines and equipment and for regional  
18 expansion.

19 We are the largest medical group in the  
20 region with over an 80-year history and an annual  
21 growth rate over the last decade of 8%, and with  
22 that comes financial stability. We do not retain  
23 cash reserves at the same magnitude as a non-profit  
24 hospital system that does not pay taxes. However,

1 QMG does have the ability to retain cash, and our  
2 local bank and physicians are committed to the  
3 project.

4 Unlike not-for-profit organizations that  
5 receive significant tax exemptions, Quincy Medical  
6 Group is a for-profit entity meaning that all  
7 profits of the group are subject to federal and  
8 state corporate income tax. From 2013 to 2017, QMG  
9 paid, per year, more than \$1 million in federal  
10 income tax and more than \$300,000 in state income  
11 tax. QMG also pays property tax on all its  
12 property which includes three Illinois counties in  
13 the Health Services Area. From 2016 to 2018, QMG  
14 paid more than \$2 million in property taxes. These  
15 are significant sources of local, state and federal  
16 revenue. As we noted in our application, the  
17 proposed project will be taxable and will generate  
18 additional federal and state income tax and  
19 property tax for the City of Quincy.

20 The proposed multi-specialty surgery center  
21 will be a freestanding non-hospital based  
22 ambulatory surgery center or ASTC. ASTCs are high  
23 -quality, cost-effective alternatives to  
24 hospital-based surgical services. One primary



1 difference between hospital-based surgical services  
2 and ASTCs pertains to the reimbursement rate for  
3 the facility. ASTCs are reimbursed at roughly 50%  
4 less than the rate of hospitals for a similar  
5 procedure.

6 Currently there is only one ASTC in Adams  
7 County, the ASTC owned by Blessing Hospital. Under  
8 the hospital's ownership, hospital outpatient  
9 facility fees are currently charged for procedures  
10 performed in the ASTC.

11 As a freestanding non-hospital based ASTC,  
12 QMG will charge ASTC facility fees, not hospital  
13 outpatient facility fees. This distinction is  
14 important because, as I mentioned, ASTC rates are  
15 approximately 50% lower per procedure compared to  
16 hospital outpatient rates. As a result, QMG will  
17 pass along significant savings to our patients,  
18 employers, and payors with 60% of our patients  
19 being insured by governmental payers.

20 For the top ten surgical procedures to be  
21 performed on Medicare patients at the proposed  
22 ASTC, total Medicare savings are expected to be at  
23 least \$2.3 million per year. For all procedures  
24 performed on Medicare patients at the proposed

1     ASTC, total savings are expected to be at least \$4  
2     million per year. We expect a similar percentage  
3     of cost savings for our commercial, Medicaid and  
4     workers' compensation patients. As Carol mentioned,  
5     approximately 50% of our visits are Medicare  
6     patients, and 10% of our visits are Medicaid  
7     patients.

8             As the CFO of Quincy Medical Group, I'm  
9     excited to see the immediate and long-lasting  
10    positive financial impact the surgery center will  
11    have on the Quincy community. Thank you.

12            MR. ROATE: Regenia Stull?

13            MS. STULL: My name is Regenia Stull. I'm  
14    the Associate Chief Nursing Officer of Blessing  
15    Hospital.

16            The QMG project should be denied because it  
17    is an unnecessary duplication of health care  
18    facilities. QMG intends to redirect nearly all of  
19    the outpatient surgery volume from Blessing  
20    Hospital and ASTC. This will dramatically reduce  
21    the utilization of the two existing facilities in  
22    direct contravention of state regulations.

23            In order to prove that a new project will  
24    not create unnecessary duplication, the board

1 regulations provide that the applicant must  
2 document that its project will not lower the  
3 utilization of other area facilities. Clearly the  
4 applicant cannot do so.

5 To justify the seven non-cardiac surgical  
6 rooms in the QMG-proposed facility, QMG says it  
7 will redirect over 11,600 cases from Blessing  
8 Hospital and ASTC. This is almost 1,000 cases more  
9 than the 10,700 total outpatient surgeries  
10 performed at Blessing Hospital and the existing  
11 ASTC combined in 2017. This would literally reduce  
12 the outpatient surgeries at the two existing  
13 facilities to zero.

14 QMG argues that some sort of unrealistic  
15 growth will make up for the lost volume at both the  
16 hospital and ASTC over the next four years. QMG  
17 does not explain the nature of that growth that  
18 will supposedly cause the surgical volume to double  
19 in the next four years. There's been virtually no  
20 population growth in the Quincy area, and there is  
21 no other rational explanation for this QMG claim.  
22 Thank you.

23 MR. ROATE: Beverly Helkey?

24 MS. HELKEY: Good afternoon. My name is

1 Beverly Helkey. I'm the Executive Director of the  
2 Tri-State Health Care Purchasing Coalition or  
3 TSHCPC. On behalf of the coalition, I'm speaking  
4 in support of the Quincy Medical Group surgical  
5 center.

6 The Tri-State Health Care Purchasing  
7 Coalition is a non-profit corporation. We are  
8 dedicated to improving health outcomes, health care  
9 choices in West Central Illinois, Northeast  
10 Missouri and Southeastern Iowa, or as it is  
11 commonly referred as, the tri-state area. We  
12 represent 50 member employers and more than 20,000  
13 covered lives.

14 Our mission is to ensure that employers and  
15 their employees have access to high quality health  
16 care at affordable cost. This can be accomplished  
17 by stimulating price and service competition among  
18 health care providers and insurers and by  
19 establishing common health care purchasing criteria  
20 for employers to use based on quality, access and  
21 cost. We also focus on improving the delivery of  
22 medical services and eliminating wasteful  
23 practices.

24 Local employers regularly share with us the

1 inpatient and outpatient surgery rates in Quincy  
2 are consistently and significantly higher than  
3 rates in Springfield, Illinois and in Missouri.  
4 All too often, employers in our area encourage  
5 their employees to consider lower costs, high  
6 quality options in communities other than Quincy  
7 due to the currently higher cost. While employers  
8 want to support health care locally, the cost  
9 differential is so significant, it makes business  
10 sense to encourage out-migration for surgeries and  
11 imaging to access like Springfield, Illinois and  
12 Missouri where the rates are lower.

13           The cost differential comparing Quincy to  
14 Springfield and Missouri ranges from 25 to 60%  
15 higher locally. Health care should be provided at  
16 a fair price. While employers in this tri-state  
17 area are generally willing to pay more in exchange  
18 for health care if it comes at high quality,  
19 talented physicians will come to Quincy.  
20 It should not, though, cost 25 to 60% more than  
21 other communities.

22           The cost differential across is all health  
23 care services. That includes lab, radiology,  
24 inpatient, outpatient, ancillary services, et

1 cetera. In tertiary care areas outside of Quincy,  
2 most charges are based on DRGs, case rates or per  
3 diems. Locally it is a flat discount off which,  
4 based on bill charges, is not a competitive rate.

5 Over the past three years, Quincy Medical  
6 Group has worked closely with the coalition to  
7 understand how they can better support employers  
8 and the community. We shared with Quincy Medical  
9 Group, as we have shared with other local  
10 providers, that employers and their employees in  
11 the community have expressed their desire for  
12 greater options and more choice when selecting a  
13 health care facility.

14 The coalition believes strongly that  
15 competition in the outpatient sector is good, and  
16 having more than one choice for an ambulatory  
17 surgery center in Adams County will create market  
18 competition thereby improving cost and enhancing  
19 health care quality.

20 Employers live in a competitive world  
21 which, in the end, benefits all in the terms of  
22 quality and cost. As a coalition that represents  
23 the business community, we believe that medical  
24 providers should be required to live in this

1 competitive arena as well, and by doing so, the  
2 community will undoubtedly reap similar benefits of  
3 lower costs and improved quality.

4 The improved -- the proposed surgery center  
5 will address the community's needs for an  
6 affordable, high-quality alternative for outpatient  
7 surgery and other ancillary services along with the  
8 expansion of surgical services not currently  
9 available in the ambulatory setting in Adams County  
10 or in Quincy.

11 Quincy Medical Group will charge ambulatory  
12 surgery center or ASC rates with the new surgery  
13 center. This will generate a reduced savings of  
14 30% or more from the current facility charges being  
15 charged in our community, and this is significant  
16 and good for the community as well as the employers  
17 and their employees.

18 Our support of a Quincy Medical Group  
19 surgery center does not mean that we don't support  
20 other providers like Blessing because we do. We  
21 simply support both organizations, especially when  
22 we believe one or both are doing what is best for  
23 our community.

24 We are very concerned about the future

1 health care needs of the baby boomers and the  
2 overall aging population of the tri-state area and  
3 the health care needs of employers.  
4 Competitively-priced, high-quality health care is  
5 essential for the livelihood of local employers for  
6 attracting new employees to the area and retaining  
7 our current work force. The new surgery center  
8 will address our concerns and provide numerous  
9 benefits to the community as those just were  
10 mentioned.

11 On behalf of the coalition, I encourage the  
12 approval of the project by the Illinois Health  
13 Facilities and Planning Board. We trust that this  
14 additional health care option for patients and  
15 their employees will be positive and much needed  
16 for all, and that it will lead to enhanced growth  
17 and prosperity in our community. Thank you.

18 MR. ROATE: John Simon?

19 MR. SIMON: Thank you very much for the  
20 opportunity. My name is John Simon. I'm the Chief  
21 of the EMS for Adams County Ambulance. We are a  
22 county-wide ambulance service. Thank you very much  
23 for the opportunity not because Adams County is for  
24 or against this project, but for us to share the



1 concerns and the impacts on our taxpayers.

2 Adams County Ambulance operates a 24-hour  
3 service with six ALS ambulances county wide, three  
4 of those positioned right here in Quincy. We  
5 respond to nearly 8,000 calls a year ranging  
6 anywhere from the most severe of multi-system  
7 trauma to managing the most intricate of medical  
8 conditions that one may have. We are an essential  
9 service that is funded between both models of user  
10 fees as well as supported by local taxes. Our  
11 paramedics have to be prepared for anything and  
12 everything when that call rings or when they need  
13 some other access to health care.

14 This expansion of procedures at Quincy  
15 Medical Group, it increases our obligations as  
16 emergency medical providers. Of our 57 EMTs and  
17 paramedics that respond to the call each and every  
18 day, it increases our obligation to be ready for  
19 those types of incidents. It may require us  
20 additional equipment, maybe an expanded scope of  
21 practice. Maybe the distance in which we have to  
22 transport that individual when we look at other  
23 facilities longer distance in Springfield and St.  
24 Louis and Iowa City, many other locations.

1 All of these preparations that we have to  
2 do to ensure that our essential services continue  
3 for our citizens and our taxpayers, they come at a  
4 cost. They come at a cost for implementation, they  
5 come at a cost for training, and they very well  
6 could come at a cost of increase for personnel.

7 As public safety and as a local unit of  
8 government, and much like health care, we are often  
9 handed unfunded mandates, mandates that come from  
10 many forms from a requirement that we provide  
11 essential services; that we respond to each and  
12 every single call for service; unfunded mandates  
13 that provide certain employee benefits in the  
14 public sector, all while still reducing our  
15 reimbursement, maybe even lowering our distribution  
16 of taxes when we look at it from the state and  
17 federal level. All of this, when we look at it  
18 together, it places an expanding hardship on our  
19 taxpayers and on our citizens.

20 As I said earlier, Adams County is not for  
21 or against this project, but we are concerned with  
22 the unfunded mandate that may be placed on our  
23 taxpayers. We support economic growth, we believe  
24 in capitalism, but ladies and gentlemen, as -- I

1 ask that as you consider Quincy Medical Group's  
2 \$19.5 Million project, that the taxpayers of Adams  
3 County not be saddled with another unfunded  
4 mandate. Thank you.

5 MR. ROATE: Thank you. Jim Rubottom?

6 MR. RUBOTTOM: Good afternoon. My name is  
7 -- probably need a lot more help than this. Where  
8 is your wife when you need her?

9 All right. Thank you. All right. My name  
10 is Jim Rubottom. I'm Vice President of Human  
11 Resources for Knapheide, a role that I have served  
12 in for 29 years now. For those that don't know  
13 Knapheide, we are an industry leader in the truck  
14 equipment market, shipping our trucks throughout  
15 the United States. This year we will celebrate 171  
16 years of Knapheide being founded in 1848. We have  
17 over 20 locations across the country now with 2,000  
18 employees and approximately 1400 in the Quincy  
19 area.

20 I will say this before I continue listening  
21 to the comments today. I have neighbors that work  
22 at both facilities, I have friends that work at  
23 both facilities, I have fellow church members that  
24 work at both facilities. So it is important to me

1 personally as well as the Knapheide Company to have  
2 good care, good quality care, and we believe that  
3 both facilities offer caring providers and their  
4 desire to be the best. So isn't anything personal  
5 in this, these comments, it is just the standpoint  
6 where we feel like as an employer we would like to  
7 be at.

8 Approximately 28 years ago I was one of the  
9 founding members of our health coalition that Bev  
10 talked about just a minute ago. That coalition was  
11 founded to help improve quality of care and address  
12 costs. That has not changed in the 28 years that I  
13 have been involved. As the role of the vice  
14 president, I'm thoroughly involved in the benefit  
15 administration and cost of the health care arena.

16 One of our highest priorities as an  
17 employer is to ensure accessibility to  
18 high-quality, cost-effective health care services,  
19 and from an employer standpoint, we have  
20 experienced a significantly higher cost of health  
21 care in Quincy as Bev talked about not only  
22 compared to Springfield, Illinois, St. Louis, and  
23 Columbia. Those come from our EOBs, our claims  
24 data. We are able to track that, what is the cost

1 of surgery in Quincy to cost anyplace else. It  
2 involves user groups through Blue Cross Blue Shield  
3 where we compared like communities like a Danville  
4 to Quincy. So it is not just trying to pluck a  
5 number out of the air, but it is a real fact that  
6 when we have cost incurred in Quincy from a  
7 surgical procedure, it is going to be 25, 50%  
8 higher than the other communities.

9 On a personal note, two and a half years  
10 ago I had a surgery performed at Barnes. I had a  
11 fellow employee that had the same surgery performed  
12 here in Blessing a couple months later. Those  
13 costs were -- my cost was 25% lower at Barnes  
14 versus Blessing Hospital.

15 Just recently, my doctor ordered two MRIs.  
16 So I asked my Blue Cross rep to say price my MRIs  
17 at Quincy Medical Group, at Blessing, and Barnes  
18 and SSM, a network in St. Louis. The two MRIs, the  
19 cost at Blessing for each MRI was \$1800 per MRI.  
20 The cost of the other -- MRIs at the other three  
21 facilities ranged from \$990 to 1100. So about a  
22 seven to \$800 difference in cost from Blessing to  
23 the others.

24 As a representative for our employees, to

1 ask an employee okay, do I make a -- do I go left  
2 or right to get an MRI, if you go left you will  
3 save \$280, if you go right it is going to cost you  
4 280 more dollars. So that's the cost difference  
5 that we see as an employer, and that applies to our  
6 employees and their families.

7 So more than 25 years I have been involved  
8 in health care concerns here in Quincy. During  
9 those 25 plus years, I have continually met with  
10 both groups, and quite honestly both groups were  
11 too high, Quincy Medical Group and Blessing.  
12 Through our coalition and as personally through my  
13 job, I have addressed those concerns over the years  
14 with both groups. Unfortunately I have not felt  
15 like Blessing has responded to those requests over  
16 the years. The last two years I can say that  
17 Quincy Medical Group has sat down at the table, has  
18 come to us to ask us, as employers, how can we  
19 lower your costs. We have given them many examples  
20 of how that can be done.

21 So approximately four and a half years ago,  
22 Knapheide started the first employer clinic here in  
23 Quincy, Illinois. Now there are several others,  
24 employers participating in clinics. Our clinic

1 vendor, we ask them to contract as best they can to  
2 lower costs. We have done that with physical  
3 therapy, through labs, that sort of thing. Here  
4 about a year ago, we asked them about imaging.  
5 They approached Blessing to see if they would  
6 contract with our vendor. They never responded.  
7 They didn't come back with any proposals. We went  
8 to Quincy Medical Group. WeCARE, our vendor, now  
9 has a contract with Quincy Medical Group for  
10 imaging.

11 So anyway, as we have gone forward, we have  
12 looked for better ways to save costs, and that's  
13 driven for our employees and their families. Two  
14 hundred eighty dollars to an employee is a lot of  
15 money when you get the same service just blocks  
16 apart.

17 So as we look forward to moving forward, we  
18 are supportive of Quincy Medical Group's desire.  
19 We look forward to more access. We definitely look  
20 forward to more competitive pricing in the  
21 marketplace. So in our cap, we support the  
22 surgical center.

23 MR. ROATE: Joseph Meyer?

24 DR. MEYER: My name is Dr. Joseph Meyer.

1 I'm speaking here today against the Certificate of  
2 Need of another surgery center in Quincy. I'm  
3 currently Vice President of Quincy Anesthesia  
4 Associates which is a private company which has  
5 provided anesthesia services to Adams County for  
6 over four decades. My company provides all the  
7 anesthesia coverage for Blessing Hospital and the  
8 surgery center of Quincy, and I would like to  
9 specifically address the issues in the Certificate  
10 of Need that are directed at anesthesia.

11 I quote directly from the Certificate of  
12 Need: "Access. Operational practice at the  
13 existing surgery center drastically limits  
14 available surgery hours as the anesthesiology group  
15 retained by the owner of the surgery center usually  
16 does not allow surgical cases to begin after 3  
17 p.m."

18 Quincy Medical Group physicians have held  
19 the administrative roles of running the existing  
20 surgery center since its beginning, and they  
21 continue to manage it today. Neither QMG  
22 management nor any of its physician administrators  
23 has ever approached us for extending evening hours  
24 and/or weekend hours at the surgery center. Quincy



1 Medical Group's desire for additional surgical time  
2 has never been discussed with anyone in my  
3 department. The first time my anesthesia group  
4 heard of their desire for additional surgical time  
5 was in this Certificate of Need.

6 If anyone from QMG had approached me  
7 regarding their desire for extended hours, I would  
8 have done two things: First, I would remind them  
9 the surgery center currently runs by some measures  
10 at an efficiency rate of 47%. That means the  
11 operating rooms sit empty over half of the time.  
12 Extending hours and adding weekends would only make  
13 the inefficiencies even greater. Operating rooms  
14 that sit empty are expensive and inherently drive  
15 up health care costs.

16 Secondly, I would have welcomed an open  
17 dialogue regarding their desire for additional  
18 anesthesia coverage in an effort to improve the  
19 efficiency of the surgery center and enhance  
20 patient and physician satisfaction.

21 The more efficiently the operating rooms  
22 run, the lower costs providing anesthesia care.  
23 There is a balance that needs to be achieved in  
24 order to provide flexibility for patients and

1 surgeons while maintaining cost-effective operating  
2 rooms.

3 Since the OR is staffed in a similar model  
4 to ours, this would drive up personnel costs of  
5 staffing nurses, technicians and support staff in  
6 addition to anesthesia. Currently surgical  
7 utilization of the existing operating rooms does  
8 not demonstrate the need for more operating rooms  
9 and expanding time at this point will lead to  
10 increased inefficiencies and costs. I thank you  
11 for your time.

12 MR. ROATE: Michelle Frazier?

13 MS. FRAZIER: Good afternoon. My name is  
14 Michelle Frazier. I'm the Revenue Cycle Director  
15 at Quincy Medical Group. I'm here to support the  
16 proposed project.

17 As Revenue Cycle Director, I'm responsible  
18 for revenue activities and financial metrics at  
19 Quincy Medical Group.

20 Health care delivery changes constantly,  
21 and right now the trend in health care is to push  
22 things into an outpatient setting. We are tasked  
23 with doing high quality and lower-cost health care,  
24 and we can do that in an outpatient setting.

1           We have talked a lot already today about  
2   the price differences between an ambulatory surgery  
3   center and an outpatient hospital department. I  
4   want to walk us through that so we, so everyone can  
5   understand exactly how Quincy Medical Group can be  
6   helpful in lowering costs for the Quincy community.

7           Surgical costs are broken down into two  
8   main categories. There is the physician fee and  
9   facility fee, and it is really important for us to  
10   understand the differences between those two.

11          The physician fee is only a fraction of the  
12   total cost for the patient. It is, quite simply,  
13   payment for the physician's time, payment for the  
14   physician's efforts when they do procedures. It is  
15   the same fee regardless of what type of facility  
16   setting the physician is in. There is no financial  
17   incentive for a Quincy Medical Group physician to  
18   take a patient into an ambulatory setting versus a  
19   hospital setting.

20          The facility fee is dramatically different  
21   and can be based on what type of facility a  
22   procedure is done in. And facility fees, as a  
23   reminder, pay for things like overhead and staffing  
24   and buildings and equipment, and those vary by

1 type.

2 In the existing surgery center owned and  
3 operated by Blessing Hospital, the facility fees  
4 are based on hospital outpatient department rates  
5 and have been since they bought it in 2006.

6 Quincy Medical Group has no control over those  
7 facility fees.

8 At the proposed surgery center, Quincy  
9 Medical Group will charge freestanding ambulatory  
10 surgery center fees for the facility which are  
11 approximately 50% lower than hospital outpatient  
12 department fees. QMG can pass these savings along  
13 to employers and patients in the community.

14 The difference between hospital fees and  
15 freestanding ambulatory surgery fees is a national  
16 conversation. In fact, in 2018, November, CMS  
17 rolled out a tool on their web site so Medicare  
18 patients can simply use either a procedure code or  
19 description of the procedure and see what their  
20 facility fee was going to be. We all know price  
21 transparency has been very difficult over the  
22 years, and determining those fees is a mystery.

23 Using the Medicare pricing tool, we looked  
24 up a colonoscopy. For the ambulatory surgery

1 center, the average Medicare allowed amount of the  
2 total cost is \$488. For that same colonoscopy in a  
3 hospital outpatient department, it is \$936.

4 Just as a reminder to put this in  
5 perspective, the physician fee on -- this is all  
6 facility -- the physical fee is \$268. It is a  
7 small part of the overall total cost.

8 We use this pricing tool on the next visual  
9 as well. This shows three common surgeries that  
10 are done in our outpatient setting right now in  
11 Quincy. So cataract surgery, carpal tunnel and  
12 then tonsil removal. In pink you will see the  
13 hospital outpatient department. The pink  
14 represents the Medicare facility fee billed by  
15 Blessing Hospital today. The green represents  
16 freestanding ambulatory surgery care. That's what  
17 Quincy Medical Group is proposing to build in our  
18 freestanding clinic, freestanding ambulatory  
19 surgery center. The difference is remarkable.

20 Ms. Kahn shared -- Blessing's CEO shared  
21 with us that Blessing intends to reduce rates by  
22 30%. That will be fantastic for uninsured  
23 patients, but I'd like to share with you why that  
24 won't be meaningful for most people that live in

1 Quincy.

2 In order to understand why that 30%  
3 reduction would not be as impactful, it is  
4 important to understand how fees are developed.  
5 Generally fees are developed with allowed amounts.  
6 Those are contracted. We say those are allowed by  
7 contract. We have agreements as health care  
8 providers with individuals' insurance whether it is  
9 an Aetna, a Blue Cross Blue Shield, United  
10 Healthcare or other payors. We have what we call  
11 commercial allowance. We have individual  
12 agreements with those payors. Medicare has a very  
13 well known, very widely publicized allowed amount.  
14 It is publicly available to anyone who is  
15 interested.

16 Facility fees are generally set by health  
17 care providers above the best commercial contract.  
18 So they're generally set just slightly higher  
19 because the payors actually pay you the lowest  
20 rate, either the amount billed or the amount  
21 allowed in the commercial contract. So kind like  
22 of a discount program. If there is a contract in  
23 place, you are not allowed to bill the patient for  
24 the difference.

1           Let's take a look and see how this works.  
2   Let's use colonoscopy as an example. We knew from  
3   our earlier slide that the Medicare allowed amount  
4   for a colonoscopy is \$936 in the hospital setting  
5   that we are using right now in the current surgery  
6   center.

7           Commercial allowed amounts are often tied  
8   to Medicare. So when commercial payors negotiate,  
9   oftentimes they will do a percentage of Medicare.  
10   They will say let's have 150% of Medicare, 180%.  
11   Let's keep the math simple and say we have a 200%  
12   Medicare contract which would be a really good  
13   consider. Multiplying by 2 or 200% takes that 936  
14   up to \$1,872 for a colonoscopy.

15           We know from claims data that we received  
16   on our own employees at Quincy Medical Group, this  
17   particular colonoscopy has a facility rate billed  
18   by Blessing Hospital at \$3,649. It does not  
19   matter. It does not matter what this number is.  
20   The commercial patient in this case may only be  
21   billed \$1,872, the Medicare patient may only be  
22   billed \$936. That's the max paid. They have  
23   coupons, they have those discounts.

24           Let's take Ms. Kahn's 30% reduction from

1     our \$3,649, and we get down to \$2,554. That didn't  
2     save anybody any money except for the person who  
3     was uninsured. Commercial amount was still 1872,  
4     Medicare amount was still 936. The price came  
5     down. It didn't help.

6             We have heard rumor from some of the  
7     employer groups that this price may even come down  
8     by an additional 20%. Again, we are really good at  
9     math. That takes us to down \$2,043. It didn't  
10    help in either of these scenarios.

11            So the question is well, how in the world  
12    can Quincy Medical Group help if they are doing  
13    this billing. This is all hospital outpatient  
14    department billing. We are proposing doing  
15    freestanding ambulatory surgical center billing.

16            In that same chart that we saw earlier,  
17    Medicare allows only \$488. Does not matter what  
18    our fee is, Medicare is only going to pay so much.  
19    If we are on the same 200% contract, takes us to  
20    \$976. You see where I'm going with the last slide.  
21    So if we set our fee in the CON at 1,882, it  
22    matters but it doesn't really matter. These are  
23    the things that matter. So price reduction  
24    wouldn't have a significant savings for patients in



1 the Quincy area.

2 The proposed surgery center allows QMG to  
3 offer its patients, employers and insurers high  
4 quality care in a cost-effective setting, resulting  
5 in savings to the Quincy community and surrounding  
6 area.

7 Thank you for allowing me to speak today in  
8 support of the Quincy Medical proposed surgery  
9 center.

10 MR. ROATE: Mary Frances Barthel?

11 DR. BARTHEL: Good afternoon. I'm Dr. Mary  
12 Frances Barthel, the Chief Quality and Safety  
13 Officer of Blessing Health System. I have also  
14 been a practicing physician in Quincy for the last  
15 eight years, and I care greatly about this  
16 community.

17 I'm deeply concerned over the negative  
18 impact that an additional elective surgery center  
19 would have on our small city in terms of the  
20 availability of quality health care in the region.  
21 I must oppose this CON application.

22 Blessing Hospital is a not-for-profit  
23 regional hospital which provides a full spectrum of  
24 health care services fulfilling the mission to

1 improve the health of the region. Revenue from the  
2 elective surgical and procedural cases performed at  
3 Blessing helps support many crucial safety net  
4 services.

5 Consider Blessing is the only inpatient  
6 psychiatric facility in the area providing mental  
7 health services to children, adolescents, adults,  
8 and the elderly. These patients will have to  
9 travel hundreds of miles away from their families  
10 and support systems to receive care elsewhere if  
11 Blessing becomes unable to subsidize these  
12 programs.

13 Blessing's trauma program requires the  
14 hospital's financial support to staff a trauma  
15 surgeon and an orthopedic surgeon as well as all of  
16 the operating room staff to be available for the  
17 emergency cases that severely injured patients may  
18 have so that they can receive care closer to home.

19 The emergency department must be staffed  
20 24/7 to provide care for all patients regardless of  
21 severity of illness or injury or of ability to pay.

22 Cancer care is available even to patients  
23 without full insurance coverage.

24 And other uninsured patients receive \$6

1 million in charity care from Blessing last year  
2 alone.

3 Consider medical education including  
4 training of new physicians, nurses, respiratory  
5 therapists, and radiology technicians. All of that  
6 training depends on the hospital's financial  
7 support.

8 Creating a redundant surgery center will  
9 risk funding for all of those safety net services.

10 In addition the second surgery center will  
11 also take trained and skilled staff away from  
12 Blessing leaving the hospital less staffed, less  
13 prepared to deliver quality care to the remaining  
14 more complex and emergent patients in the main  
15 hospital operating room.

16 I respectfully ask that the Health  
17 Facilities and Services Review Board deny CON  
18 application 18-042. Thank you for your  
19 consideration.

20 MR. ROATE: Ralph Weber?

21 MR. WEBER: Thank you. Good afternoon.  
22 I'm Ralph Weber, CON consultant for the Quincy  
23 Medical Group. I'm here to comment on the impact  
24 of the project on Blessing Hospital, Blessing

1 Hospital's capacity and the distribution of ASTCs  
2 in the area.

3 The ASTC project has been planned at a size  
4 that meets the growing need for outpatient surgery  
5 while at the same time seeking to have no adverse  
6 impact on Blessing Hospital.

7 Blessing Hospital provided 13,636 hours of  
8 outpatient surgery at the hospital and the ASTC in  
9 the year 2017. The number 13,636 hours is based on  
10 Blessing's reported outpatient hours in the  
11 hospital ORs and reported outpatient OR in the ASTC  
12 ORs and procedure rooms. No inpatient hours of  
13 surgery are included.

14 The total 13,636 hours for year 2017  
15 incorporates the most recent correction by Blessing  
16 that the Board received at its December 4th board  
17 meeting. Thirteen thousand six hundred thirty-six  
18 hours is an increase of 37% over four years from a  
19 level of just under 10,000 hours in 2013.

20 Again, all of these numbers come from  
21 Blessing's reported data in the profile.

22 The growth is approaching a 10% annual  
23 increase per year which will result in a forecast  
24 of over 24,150 hours of outpatient surgery at

1     Blessing in year 2023, two years after completion  
2     of the Quincy Medical Group project. Allowing for  
3     10,650 hours at the new QMG facility leaves an  
4     estimated 13,500 hours at Blessing, approximately  
5     the same volume as reported in 2017 for outpatient  
6     cases. Hence the claim is supported that the  
7     project will not have an adverse impact on the  
8     hospital and its ASTC.

9             We know numbers are important to the state  
10    staff analysis and to the Board, and we believe the  
11    numbers make the case.

12            Blessing has stated that they have  
13    significant unused capacity in the operating rooms.  
14    I think earlier today we heard 47%. In the ASTC we  
15    heard 52%. Really the question is let's look at  
16    the numbers. I said the above, that above that the  
17    outpatient volumes increased from just under 10,000  
18    hours in year 2013 to 13,636 hours in 2017. Now  
19    add Blessing's inpatient hours to get complete  
20    surgery; 4,703 in year 2013 up to 5,384 in 2017.

21            Again, these are Blessing's numbers in the  
22    state profile.

23            So their total surgical hours in their 17  
24    ORs and procedure rooms was 14,687 hours in year

1 2013 and 19,020 hours in year 2017. That is about  
2 a 30% increase in four years even though, as  
3 reported earlier, the population of the area is not  
4 increasing. That historic rate of increase, when  
5 used to forecast future volume, yields over 25,200  
6 hours in year 2021. Now, part of that could be the  
7 recruitment of the additional physicians and  
8 surgeons that were part of the project that was  
9 approved by the state earlier this year in the  
10 summer of 2018. Still having a hard time believing  
11 it is 2019.

12 At 1500 hours per room, 17 rooms are  
13 justified by the 25,200 hours. Seventeen is their  
14 current number of ORs and procedure rooms and,  
15 again, guess what, 2021 is now just two years away.

16 The observation, the conclusion is that the  
17 state utilization standard will be met in about two  
18 years, and providers need planning to add capacity  
19 now.

20 I also want to make a comment on the  
21 distribution of ASTCs in health service area 3.  
22 The map on the easel shows a location of five ASTCs  
23 in HSA 3. HSA 3 is an area about 128 miles wide  
24 and 108 miles north to south. It is a big area.

1 You quickly observe that four of the five ASTCs are  
2 in Springfield. The rest of this area has only  
3 one, the ASTC owned by Blessing Hospital here in  
4 Quincy. Blessing has a virtual monopoly in ASTC  
5 service. There is no competitive pricing in  
6 Quincy. There is in Springfield. The trend toward  
7 outpatient surgery sports the need for more  
8 facilities in the Quincy region.

9 I must note that the planning area for this  
10 project is a smaller area defined by the state's  
11 new distance radius. It is 21 miles, radius of 21  
12 miles for the Quincy area. But you see the  
13 distribution of QMG offices also shown on the chart  
14 serves the broader area and draws patients from  
15 rural areas and small towns well beyond Quincy.

16 I am not saying that the HSA 3 is the  
17 planning area. It is, it is not. That's very  
18 clear in the state regulations. But the planning  
19 area is bigger than the 21-mile radius around  
20 Quincy. Thank you for your time.

21 MR. ROATE: Thank you. Patrick Gerveler,  
22 Gerveler. Sorry.

23 MR. GERVELER: Good afternoon. My name is  
24 Patrick Gerveler. I serve as Executive Vice

1 President and Chief Financial Officer for the  
2 Blessing Health System. I have been with the  
3 health system for nearly 27 years, and I have also  
4 served as the president of our foundation for the  
5 last 12 years. Ours is a not-for-profit 501(c)(3)  
6 organization and is committed to delivering the  
7 highest quality patient care at the most  
8 cost-effective level possible.

9 I oppose this CON application. After QMG's  
10 earlier failure as an ASC owner, I was one of the  
11 executives involved in acquiring the ambulatory  
12 Surgery center from QMG in 2006 for \$13 million. I  
13 have carefully reviewed the pending CON application  
14 and believe its finances are shaky, which reminds  
15 me of the earlier financial failure of QMG with its  
16 first ASC.

17 QMG also sold 45% interest in their company  
18 to the Iowa health system in 2012 for \$18,743,000  
19 for capital infusion. The CON application shows  
20 that at the end of the reporting period 2017, QMG  
21 had only four days cash on hand. QMG reported debt  
22 of \$28 million and is planning on borrowing an  
23 additional 17 million through leases and  
24 traditional bank debt.



1 QMG also plans to relocate its cancer  
2 center and purchase and construct a facility for  
3 radiation therapy which will cost millions more,  
4 though QMG has not disclosed how they intend to  
5 finance these additional capital expenditures.

6 QMG talks about -- the CON talks about QMG  
7 financing this project through tapping the pay of  
8 its 115 physicians by an average of 178,000. This  
9 would come from the bonus pool otherwise described  
10 in the CON application as discretionary payments to  
11 members. This is risky. If QMG uses these  
12 discretionary bonus payments as described, the  
13 greater Quincy community would risk an exodus of  
14 physicians.

15 QMG incorrectly stated in its CON  
16 application that its new ASC would produce no  
17 significant impact to providers. In fact, almost  
18 all volumes in QMG projections would be from  
19 Blessing Hospital's ASC and would result in revenue  
20 declines between 25 and \$41 million. If this  
21 happens, Blessing would be forced to cut staff and  
22 services including critical safety net services.  
23 Blessing would be forced to reduce over 400  
24 positions in its health system. With a work force

1 of nearly 3400, that would mean a reduction in work  
2 force of 12% of our employees. To say the least,  
3 this new ASC would be devastating to the financial  
4 health of our community's not-for-profit health  
5 care system.

6 QMG's new surgery center will be 40% owned  
7 by the Iowa health system -- this was stated on  
8 page 38 of the application -- doing business as  
9 UnityPoint. UnityPoint is headquartered in Des  
10 Moines, Iowa. In short, Quincy health care  
11 resources are at risk of being diverted in the form  
12 of profit distributions to an out-of-state  
13 corporation.

14 In 2016, Blessing implemented a strategy to  
15 review our cost structures and find savings that  
16 would be returned to our community in the form of  
17 reduced pricing. We have implemented -- we have  
18 already implemented a 30% pricing reduction since  
19 then using such creative approaches as increasing  
20 our commercial discounts to our providers. The 30%  
21 reduction was to our ASC services. There will also  
22 be another 40% on average discount applied to our  
23 commercial contracts. Therefore, QMG's claim of  
24 50% savings is void.

1           We also reduced our laboratory prices with  
2 plans for additional rate reductions for lab and  
3 imaging services including CAT scans, MRIs and  
4 basic imaging. We developed a clinically  
5 integrated network called Cross River Quality  
6 Health Partners with an ultimate goal of improving  
7 patient care and reducing health care costs. QMG  
8 was invited to participate, but they declined.

9           If granted, this CON application will cost  
10 local jobs and safety net services, unnecessary  
11 duplication of services to benefit out-of-state  
12 corporate profits and risk yet another ownership  
13 failure by QMG. I respectfully ask that the  
14 application be denied. Thank you.

15           MR. ROATE: Michael Owens?

16           MR. OWENS: Hello. I'm Mike Owens, the  
17 President of the Medical Office Division of  
18 Cullinan Properties as well as its Chief Investment  
19 Officer. I'm speaking in support of CON project  
20 18-042. I urge the Board's approval of the project  
21 at its March 2019 meeting.

22           Quincy Medical Group is a preeminent  
23 multi-specialty physician group that provides high  
24 quality care to its patients. QMG is dedicated to

1 and has served the Quincy community for years. The  
2 proposed project is yet another example of QMG  
3 investing in Quincy and working to improve the  
4 health of its patients along with economic  
5 viability and longevity of the Quincy community.

6 The proposed surgery center and cardiac  
7 catheterization lab will be located at 3347  
8 Broadway Street in Quincy at the Quincy mall.  
9 Since 2005, Cullinan Properties has owned and  
10 managed the Quincy mall. In our 30-year existence,  
11 Cullinan has also developed, owns, leases and  
12 manages numerous other properties in Illinois  
13 including the Levee District in East Peoria, Grand  
14 Prairie Developments in Peoria, as well the Streets  
15 of St. Charles in St. Charles, Missouri. Cullinan  
16 partners with the medical community to develop  
17 state-of-the-art facilities and offices and has  
18 significant experience developing and renovating  
19 properties for medical use including, among others,  
20 the 275,000 square foot Veterans Administration  
21 Clinic in Austin, Texas, EastCourt Shopping Center  
22 in Pekin, OSF Kumpf Street Orthopedic Building in  
23 Peoria, Glen Avenue Corporate Park and Medical Park  
24 in Peoria, Greater Peoria Specialty Hospital in

1 Peoria, OSF College Avenue Medical Building in  
2 Normal, and the recently awarded McLean County  
3 Veterans Administration Community-Based Outpatient  
4 Clinic in Bloomington.

5 QMG has committed to lease the property  
6 from Cullinan Properties pending Board approval and  
7 is -- of its permit application, and Cullinan  
8 Properties will lead renovation of the property.

9 Quincy Mall is the primary shopping center  
10 destination for residents of Quincy and its  
11 surrounding communities. QMG's prudent location  
12 selection will fill a major vacancy in Quincy Mall  
13 that resulted from the recent nationwide departure  
14 of Bergner's department stores. The proposed  
15 project will repurpose and utilize vital space in  
16 the mall and contribute to its continued economic  
17 success. Once renovations are complete, the vacant  
18 buildings -- the vacant Bergner's store will be  
19 transformed into a state-of-the-art medical  
20 facility including the proposed ambulatory surgery  
21 center.

22 The major benefit of the project is the  
23 provision of high quality care in a lower cost  
24 setting so that pricing will benefit area employers

1 and patients. It is a wonderful secondary benefit  
2 that the project enhances the ongoing success of  
3 the mall. There are many tenants in the mall and  
4 surrounding campus who look forward to the addition  
5 of QMG as a partner and neighbor. Cullinan  
6 Properties is excited for the opportunity to  
7 partner with QMG and strongly recommends the Board  
8 approve the proposed project.

9 MR. ROATE: Justin Hale?

10 MR. HALE: Thank you. I'm Justin Hale,  
11 Director of Managed Care and Decision Support,  
12 Blessing Corporation Services, and I oppose this  
13 CON.

14 Blessing projects a negative impact 25 to  
15 \$41 million annually. Yes, that's 25 to \$41  
16 million per year of revenue lost to the hospital.  
17 If this CON for a second ASC in Quincy is approved,  
18 this will -- this will have a severe impact,  
19 negative impact, to our community support and  
20 safety net services. It would mean the critical  
21 safety net services would no longer be locally  
22 available.

23 Blessing presently supplies over 62 million  
24 in community benefit annually. This includes

1 covering financial shortfalls for services provided  
2 to our Medicare and Medicaid populations as well as  
3 support to our local community agencies.

4 Blessing's annual subsidy to critical  
5 behavioral health services is \$6 million per year.  
6 the Current revenues from ASC, cath lab, GI,  
7 outpatient surgeries are redirected away from the  
8 hospital, Blessing would inevitably have to  
9 downsize or even eliminate the provision for  
10 behavioral health and other critical safety net  
11 services to the community. Loss of these services  
12 would have painful and permanent impacts to our  
13 community.

14 It is -- in the CON, QMG proposes the  
15 creation of a four-profit center. Blessing is  
16 concerned that all risky, non financially viable  
17 surgeries will be left with Blessing Hospital while  
18 the profitable commercial procedures will be  
19 performed by QMG surgeons in this for-profit ASTC.  
20 Moreover, an Iowa-based company called UnityPoint  
21 will be a 40% owner. So 40% of any profits will  
22 leave our community and our state.

23 On a final note, beyond the services  
24 outlined in the CON itself, QMG announced in a

1     October 25, 2018 press release that it intends to  
2     operate an oncology services in its proposed  
3     surgery and cancer center. This would redirect  
4     another \$9 million plus annually from our  
5     non-profit hospital to this for-profit venture.  
6     Sacrificing local safety net services for corporate  
7     profits of QMG and out-of-state partner,  
8     UnityPoint, so they can cherry pick only the most  
9     lucrative services is wrong. Thank you.

10           MR. ROATE: John Barbagiovanni?

11           DR. BARBAGIOVANNI: Good afternoon. My  
12     name is John Barbagiovanni. I'm a  
13     gastroenterologist with Quincy Medical Group. I  
14     have been with Quincy Medical Group now since 2004.  
15     I also serve on the board at Quincy Medical Group.  
16     I'm here to show my support for Quincy Medical  
17     Group's proposed surgery center.

18           As a gastroenterologist, the primary focus  
19     of my practice is in the outpatient setting where I  
20     perform endoscopic procedures including screening  
21     for colorectal cancer. The two procedures that I  
22     perform most regularly are upper endoscopies and  
23     colonoscopies.

24           There are many benefits to this new surgery



1 center application.

2 First, the new surgery center would allow  
3 for significant cost savings to be passed along to  
4 my patients, their employers and other payors.

5 Second, the new surgery center will address  
6 and remedy current accessibility issues. There is  
7 only one other ambulatory surgery center located in  
8 Adams County, and the operational practice at that  
9 surgery center drastically limits available surgery  
10 hours and requires that all procedures be completed  
11 by 4 p.m. While the facility may be open until 5  
12 p.m., no procedures are taking place from 4 to 5.

13 In addition to the limited surgery hours,  
14 there is also limited capacity at the existing  
15 surgery center overall due to current block  
16 scheduling. The majority of surgery center hours  
17 at the existing center are already allocated to a  
18 particular surgeon or group due to block scheduling  
19 and, therefore, there is a limited amount of hours  
20 per day available for unplanned surgeries or  
21 procedures. Quincy Medical Group intends to expand  
22 surgery hours at the new center to include evening  
23 hours as well as weekends. The increased  
24 accessibility and availability is important to

1 patients on many levels as it will allow procedures  
2 to be performed more quickly and provide an  
3 additional level of convenience to patients who  
4 would prefer or who are unable to take off of work  
5 during the 8 to 4 p.m. work day.

6 Third, the new center would be a  
7 state-of-the-art facility that will be designed to  
8 accommodate a vast variety of procedures that can  
9 and should be performed in outpatient ambulatory  
10 setting like urologic services, knee replacement,  
11 ACL surgeries, and ENT related procedures.

12 Finally, the new center will greatly assist  
13 Quincy Medical Group with our efforts to recruit  
14 new physician talent to the Quincy area. Surgeons  
15 want to know that they will have, in essence,  
16 guaranteed access to a surgery center. If we look  
17 at the current amount of time available in the  
18 surgery center versus the number of new physicians  
19 that will arrive over the next two years, we will  
20 not be able to provide the new surgeons with the  
21 necessary amount of surgery center hours. Due to  
22 the current limited surgery center operating room  
23 availability, top recruits cannot receive the  
24 assurance they demand. Additionally, a physician

1 owned or led center is really appealing to recruits  
2 who value the ability to control their environment  
3 and efficiency of the operating room and to those  
4 physicians who do not want to deal with the  
5 administrative challenges that arise when seeking  
6 new equipment due to hospital budgets and policies.  
7 The prospect of a new surgery center will -- which  
8 will be owned and led by physicians has really  
9 amped up our success in relation to recruitment  
10 efforts. In a town like Quincy that is not well  
11 known nationally, we must do everything we can to  
12 make it appealing to practice medicine here.  
13 A physician-owned surgery center will open up more  
14 interest from recruits and continue to allow us to  
15 bring physicians who would normally only consider  
16 working in a tertiary care market.

17 As a physician who will have an opportunity  
18 to utilize the new center, I express my strong  
19 support in favor of this project. Thank you.

20 MR. ROATE: Irshad Siddiqui?

21 DR. SIDDIQUI: Good afternoon. My name is  
22 Dr. Irshad Siddiqui. I serve as the Chief Health  
23 Information Officer at Blessing Health System. I  
24 oppose the opening of the new for-profit ambulatory

1 surgery center by Quincy Medical Group and  
2 Iowa-based UnityPoint.

3 I joined Blessing four months ago. My role  
4 is to support various initiatives geared towards  
5 the quadruple aim of reducing costs and improving  
6 population health, caregiver experience and patient  
7 experience. Blessing's forward-thinking,  
8 progressive approach to new technology, investment  
9 in the community and commitment to support safety  
10 net services were some of the reasons that I joined  
11 Blessing Health System.

12 The CON application is misleading and  
13 inaccurate regarding access to medical records  
14 between QMG and Blessing. As a physician  
15 executive, I now work closely with both Blessing  
16 and QMG physicians on topics concerning the sharing  
17 of data with electronic health records. QMG has  
18 represented to the Review Board in their CON  
19 application, and I quote, "QMG physicians do not  
20 have immediate access to the complete medical  
21 record of their patients when performing services  
22 at Quincy's existing ASTC and, as a result, QMG  
23 physicians are required to navigate two electronic  
24 medical record systems." Connecting various data

1 sources for the benefit of the patient is of high  
2 interest to me. My research indicates that  
3 Blessing has offered on several occasions starting  
4 in December 2015 to deploy an interoperability  
5 solution called dbMotion to connect the two  
6 electronic medical record systems. QMG's Iowa  
7 based 40% owner, UnityPoint, manages QMG's  
8 electronic medical records and has refused to  
9 deploy the necessary technology that will connect  
10 the two systems.

11 UnityPoint has cited supposed performance  
12 issues reported by Epic with the dbMotion agent as  
13 well as extra administrative efforts that will be  
14 needed to maintain such integration. Yet there are  
15 several examples of Epic users installing dbMotion  
16 agent successfully across the country. Among them,  
17 Baylor Scott and White in Texas, UT Southwestern  
18 Texas, UPMC Pittsburgh, and Community Memorial  
19 Health System in Indiana. After three years of  
20 deliberations, QMG and UnityPoint have rejected  
21 dbMotion and proposed connecting to a health data  
22 exchange framework called CareQuality as an  
23 alternate strategy in December of 2018. This is  
24 now under active consideration by Blessing.

1 Suffice it to say, interconnection is  
2 indeed possible if only Iowa-based UnityPoint would  
3 allow it. Whatever shortcomings may exist  
4 regarding access to medical records between  
5 Blessing and QMG, they are due to QMG's partner  
6 refusing to collaborate. Blessing has tried to  
7 bridge the gap and continues to do so. I sincerely  
8 believe this technology issue is a self-made one  
9 used to help justify an effort to skim the most  
10 profitable services away from Blessing and towards  
11 and out-of-state for-profit entity.

12 Access to critical safety net services  
13 should not be reduced to reward willful  
14 noncollaboration by an out-of-state entity  
15 motivated by profit.

16 I urge the denial of the CON application.  
17 Thank you.

18 MR. ROATE: John Barbagiovanni on behalf of  
19 Dr. Owenga.

20 DR. BARBAGIOVANNI: Good afternoon again.  
21 As I mentioned earlier, my name is John  
22 Barbagiovanni. I am a physician with Quincy  
23 Medical Group. I was asked to read this statement  
24 previously prepared by one of QMG's very special

1 doctors, Dr. Michael Owenga.

2 Dr. Owenga was a talented, caring  
3 urologist at Quincy Medical Group who passed away  
4 suddenly this past weekend. He was enthusiastic  
5 and very involved with this project. He will be  
6 greatly missed, and I am honored to speak on his  
7 behalf.

8 My name is Michael Owenga. I'm a  
9 urologist at Quincy Medical Group having joined the  
10 group in 2010 and also a member of its board. I'm  
11 speaking today in support of Quincy Medical Group's  
12 proposed project.

13 As a urologist, I perform a number of  
14 procedures in the outpatient setting. In fact,  
15 almost 95% of the procedures we perform can be  
16 completed in an outpatient setting. Because the  
17 equipment needed to perform urologic surgery is not  
18 available in the existing surgery center in Quincy,  
19 I have no choice but to perform the procedures in  
20 the operating room at the local hospital. Hospital  
21 operating rooms do not have the same capability as  
22 an outpatient surgery center to have efficient,  
23 effective and cost conscious, excuse me, surgical  
24 options for patients. Patients wait longer to get

1 into surgery, turnaround is slower for physicians  
2 and the hospital facility fees are applied. My  
3 physician fee for the procedures do not change  
4 based on whether it is performed in a surgery  
5 center versus in a hospital. It is the facility  
6 fee that's at issue. Facility fees in Quincy are  
7 currently controlled by Blessing Hospital and not  
8 Quincy Medical Group.

9           The proposed new surgery center will have  
10 modern equipment and capabilities necessary to  
11 perform many urologic procedures that currently  
12 cannot be performed in the existing center.  
13 Another beneficial aspect of the new surgery center  
14 is that Quincy Medical Group physicians performing  
15 procedures at the surgery center will have  
16 immediate access to a fully integrated electronic  
17 medical record system for our patients and will no  
18 longer need to navigate two very different  
19 electronic medical record systems. This will  
20 improve quality of care, patient outcomes, and  
21 safety through improved information sharing,  
22 reduction in medication errors and improved  
23 communication and interaction among primary care  
24 provider, patients and other providers involved in



1 the patient's care.

2 My fulfillment as a physician is to provide  
3 the best and most innovative efficient care of my  
4 patients. It is for these reasons that I strongly  
5 support the proposed center. Thank you.

6 MR. ROATE: Brad Billings?

7 MR. BILLINGS: Good afternoon. I'm Brad  
8 Billings. Five years retired as the CEO of the  
9 Blessing Health System. Probably most recently a  
10 health care consumer having had three outpatient  
11 surgeries, orthopedic surgeries, from QMG surgeons  
12 here in the last couple of years. So I have kind  
13 of been able to walk both sides of the table here,  
14 and I have a great deal of admiration for the  
15 physicians and surgeons for QMG.

16 So as I have thought about my comments  
17 today, I want to make sure I say things I know and  
18 avoid things I don't know. It's been mentioned a  
19 couple times already that, you know, it was during  
20 my tenure on my watch that Blessing Hospital  
21 acquired Quincy Medical Group's ambulatory surgery  
22 center in 2006 for \$13 million in order to help it  
23 survive, and I'm glad we were able to do that. It  
24 was important to create the structure for a

1 management for their physicians to be involved in  
2 it on an ongoing basis.

3 My hope and concern is that once a lesson  
4 is learned, is it learned or do we have  
5 organization amnesia? Suddenly we repeat that. So  
6 I have a concern that that history could be  
7 repeated.

8 Secondly, we created the management  
9 structure for their physicians and surgeons to be  
10 involved in the operation of that, that service.  
11 And I was involved in health care for 42 years, and  
12 I know that very seldom are physicians and surgeons  
13 timid about sharing their concerns or there  
14 interests for the organization or for their  
15 personal practice. And I was sorry to see in the  
16 application the criticism of the existing surgery  
17 center's operation relative to the management and  
18 the inability to have an impact on the policies and  
19 procedures and the operations of the clinic because  
20 that was certainly not our intent when we  
21 established this organization back in 2006.

22 Now I want to go to another subject that  
23 was just highlighted briefly, I think, in Carol  
24 Brockmiller's comments, but this is something of

1 real personal concern to me. We have had other  
2 experiences with the clinic in terms of  
3 partnerships. Approximately 15 years ago, Blessing  
4 Hospital and Quincy Medical Group created a  
5 business partnership for the creation of a  
6 community cancer center, and we did that by going  
7 to the community and asking for their support. And  
8 the community responded to then Bill Sullivan who  
9 was the CEO of the Quincy Medical Group and me,  
10 because both of us did this, requests from hundreds  
11 of people in this community to donate dollars to  
12 that service. If you walk into the cancer center  
13 today, you will see a huge mural that has hundreds  
14 of names of people who gave money to that cancer  
15 center. And I think it would be a major breach of  
16 the express intent of this community if that  
17 portion of the application was not taken into  
18 consideration for review as you look at the final  
19 result of this because that would be, I think, a  
20 violation of the expressed intent that both of us  
21 committed to this community relative to that  
22 service. Especially with their intent to put  
23 chemotherapy, radiation therapy and oncology into  
24 this service.

1           The CON application, as I read it, didn't  
2   project the Medicaid and charity surgical  
3   procedures and catheterization procedures to be  
4   performed in this ambulatory surgery center. Yes,  
5   they said 10% on Medicaid, but that's their volume.  
6   I didn't see anything relative to the ambulatory  
7   surgery center in the projection of how those  
8   patients would be served. Unless past practices  
9   have been altered in my departure from Blessing,  
10   Blessing will continue to be the resource facility  
11   for these patients.

12           So what will happen -- and I have been  
13   through many Certificate of Need applications for  
14   Blessing Hospital but also listened just in  
15   interest to many others throughout my career --  
16   almost inevitably all of them talk about cost  
17   reductions, and I'm all for that. But in the end,  
18   it is simply cost shifting that occurs because it  
19   is one organization taking business away from  
20   another organization, and then if the pool of  
21   patients doesn't really increase that much, it just  
22   ends up shifting the cost. There is no real  
23   savings in the end.

24           So I hope at the, at the end of the review

1 of this application, we take into consideration the  
2 hospital's responsibility for being a safety net  
3 provider for this community because that is in  
4 response to the greater good of this community.

5 Now, I speak and my final comment is I  
6 stand in opposition to the application, but I'm  
7 hoping that there is a resolution to this issue  
8 that would be in the benefit of both parties. I  
9 have always been one that thought that working  
10 together was always the best solution for this  
11 community, and I'm hopeful that in this situation,  
12 we can find a way to do that.

13 As I looked at the application, I didn't  
14 see any written evidence from QMG with regard to a  
15 joint venture proposal. I know that subject has  
16 been raised. I know -- and I didn't see a written  
17 response from Blessing Hospital. So I am going to  
18 assume there was no formal delivery of either a  
19 request or a rejection of that. So I hope we have  
20 the ability and I hope the Board of the health  
21 facilities planning organization can see if we can  
22 have some documented good-faith negotiations  
23 between both parties to create a local joint  
24 venture because I -- outpatient surgery is

1 important. I think we all know that's where it is  
2 headed. My three procedures were outpatient even  
3 though I had -- they were two plus hour surgeries.

4 So before taking the application or taking  
5 action on this application, I would hope that we  
6 would keep in mind that we want to avoid costly  
7 duplication of facilities, especially if the  
8 population of our area is not going to increase  
9 dramatically and maybe won't meet some of the  
10 projections that have been stated for ongoing  
11 services.

12 So I thank you for the opportunity to  
13 address this, this afternoon. Thank you for being  
14 with us.

15 MR. ROATE: Margaret Ozan-Rafferty?

16 DR. OZAN-RAFFERTY: Hi. I'm Dr. Margaret  
17 Ozan-Rafferty. I serve as the Chief Experience  
18 Officer for Blessing Health System, and today I'm  
19 reading a statement for Jim Waterkotte.

20 I served Blessing Hospital for 35 years,  
21 retiring as Executive Vice President and Chief  
22 Financial Officer of Blessing Corporate Services,  
23 the parent entity of Blessing Health System of  
24 which Blessing Hospital is an affiliate.

1           I respectfully oppose CON application  
2   18-042. During my career, I have learned that  
3   duplication of services in health care does not  
4   always benefit the consumer as it can in other  
5   industries. Due to the investment required to  
6   offer certain services, duplication can harm the  
7   consumer by driving up costs. We learned that  
8   lesson in Quincy in the 1990's when Blessing and  
9   the former St. Mary's Hospital looked for ways to  
10   reduce the cost of care by eliminating duplication  
11   of services. The result of that noble effort is a  
12   strong and vibrant Blessing Health System able to  
13   provide cutting edge health care procedures and  
14   safety net services that are vital to improving the  
15   health and quality of life for everyone in our  
16   communities.

17           My experience and the data gathered by  
18   Blessing leaders tells me proposed Quincy Medical  
19   Group surgery center project will not benefit the  
20   residents of this region. In terms of demand, the  
21   numbers simply do not support a second outpatient  
22   surgery center. The numbers also clearly show that  
23   a second surgery center would damage the health  
24   care system in the Quincy region by shifting a

1 large volume of care from the non-profit provider  
2 to the for-profit provider that does not live by  
3 the same mission of delivering services vital to  
4 the community health and quality of life regardless  
5 of the patient's ability to pay. The consumer will  
6 suffer in the long run.

7 Blessing and Quincy Medical Group have  
8 worked together before and continue to do so very  
9 successfully. The current outpatient center on the  
10 QMG campus operated by Blessing and the cancer  
11 center on the Blessing campus which services  
12 provided by QMG and Blessing are two very clear  
13 examples of how community benefits when its health  
14 care providers choose to cooperate over  
15 competition.

16 I urge the Health Care Facilities and  
17 Services Review Board to deny the CON application  
18 18-042. Thank you for your consideration.

19 MR. ROATE: Tracey Klein?

20 MS. KLEIN: Good afternoon. My name is  
21 Tracey Klein, and I represent Quincy Medical Group  
22 as legal counsel. I strongly urge the Board to  
23 approve this project.

24 At the outset I want just to correct one



1 misstatement. The project is QMG's. It is not a  
2 joint venture with UnityPoint as has been said  
3 repeatedly. That is not true. And it is not true  
4 to say that 40% of the profits from this center  
5 will be going out of state or to a for-profit  
6 entity. It is going to be owned and operated by  
7 Quincy Medical Group. It is true that UnityPoint  
8 owns a position in the medical group, but it is not  
9 true that profits are going to be leaving the  
10 state.

11 I also appreciate one of the prior  
12 speaker's remarks about QMG in saying that, you  
13 know, basically QMG is comprised of, you know,  
14 long-serving and incredibly well-regarded  
15 physicians in this community. I'm new to this  
16 community in the sense I don't live here, but  
17 what's clear to me in being introduced to Quincy  
18 Medical Group is that their physicians form the  
19 backbone of the health care delivery system in this  
20 community, and they have a passion for doing what  
21 is right and best for their patients, and I don't  
22 think that should be lost here today.

23 The other thing that I would say is  
24 throughout this process I have also been impressed

1 with the overwhelming support this project has  
2 received from patients, employers and community  
3 leaders. In my opinion, it is an unusual amount of  
4 support.

5 My observation is that Quincy Medical Group  
6 has had a thoughtful, strategic vision for this  
7 project and has been careful in executing its  
8 vision. Care was taken to comply with the Illinois  
9 CON program requirements. Care was taken to cost  
10 effectively plan the project and to be very  
11 accurate in the volumes presented to the CON board.  
12 Care was taken to solicit employer input, and care  
13 was taken inconsistently to continue to try to work  
14 with Blessing Hospital despite the fact that  
15 Blessing has opted to oppose this project.

16 I would like to correct another  
17 misstatement that occurred in the preceding  
18 speaker. We stand open, we have always stood open  
19 to joint venture and alignment proposals, and none  
20 have been really forthcoming. That's important.  
21 It is not -- we have put things on the table  
22 repeatedly. Things have not come back in a format  
23 that actually allowed for those discussions to go  
24 forward. I call on Blessing Hospital to actually

1 put concrete proposals in place so they can be  
2 evaluated because, in essence, the two institutions  
3 do have to continue to work together, and that's  
4 been our commitment.

5 Over the past 35 years, it is important to  
6 understand outpatient surgery has become an  
7 increasingly important part of the medical care.  
8 Since 2008, the Medicare program has started  
9 expanding the types of procedures eligible for  
10 payment in the ASC setting, and that has been a  
11 consistent trend. Medicare only excludes  
12 procedures that pose a significant risk to patient  
13 safety. So it is a stated strategy of the Medicare  
14 program to lower health care costs. The result has  
15 been a growth in ASCs nationwide as a critical  
16 component of the good health care delivery system.

17 Now, it's been alluded to by other  
18 speakers, but I will just say it so it can clearly  
19 be identified. Ambulatory surgeries are generally  
20 either freestanding or hospital operated, hospital  
21 based. A hospital-based surgery center is really  
22 part of a hospital's operation, part of its  
23 licensure, Medicare certification, and as a result,  
24 those types of centers fall under billing and

1 coding policies of a hospital facility which means,  
2 among other things, they can and do charge higher  
3 facility fees based on hospital outpatient rates  
4 rather than the lower approved charges for  
5 freestanding ASCs.

6 Some freestanding ASCs like the one  
7 proposed by QMG are favored by Medicare and other  
8 payors because they provide outpatient procedures  
9 safely and at a lower cost. That happens to be  
10 very factual in today's health care market.

11 While ASC contract payment methodologies  
12 vary by payor, generally speaking our research  
13 revealed that freestanding ASCs charge  
14 approximately 50% less than hospital charges for  
15 the same procedures.

16 Currently there is only one ASC in Adams  
17 County, and it is owned by the local hospital. It  
18 is a hospital-based surgery center and accordingly  
19 charges the higher facility rates. While much has  
20 been said about QMG's operation of this facility  
21 and its, and its management of the facility, I have  
22 read over the contract, and frankly, you know, it  
23 is very similar to many physician management  
24 agreements I have seen over the years. It is very

1 clear QMG's role in managing this hospital ASC is  
2 very limited. Aside from patient scheduling and  
3 scheduling facility personnel, all other  
4 responsibilities that QMG has pursuant to their  
5 contract really relate to recommendations provided  
6 to or assistance provided to the hospital in its  
7 operation of the facility. It is quite clear and  
8 almost expressly stated, in fact expressly stated,  
9 that the hospital owns the facility and retains all  
10 decision making authority with all aspects of the  
11 operation including pricing strategy.

12 I would also note that despite complaints  
13 by local employers, which we have heard loud and  
14 clear and our patients have communicated to us for  
15 years to lower the fees, the hospital has not acted  
16 until now, and it still has not really taken the  
17 step to adjust the ASC's fees to that of a  
18 freestanding ASC.

19 So I would just say the simple fact QMG  
20 does not have complete or absolute discretion over  
21 the facility fees. In fact, it has no discretion  
22 on the rates that are charged to employers in the  
23 current ASC operation.

24 There is no question in my mind that

1 competition in health care markets benefits  
2 employers and consumers, and studies have  
3 consistently borne out that hospital prices in a  
4 monopoly market, which this is, are approximately  
5 15.3% higher than in those markets where there is  
6 four or more hospitals. Today I think we heard  
7 that in spades from the employers and the employer  
8 coalition.

9 We believe QMG's proposed project will  
10 result in increased competition. We think that's  
11 okay, that's good. It will mean more price  
12 transparency, more patient and employer choice and  
13 importantly less out-migration. This can only be  
14 good for the Quincy community. I know well from my  
15 certificate of need experiences that innovative  
16 projects that can in any way be perceived as  
17 threatening to an existing provider receive an  
18 immediate, adverse knee-jerk reaction by that  
19 provider without necessarily contemplating how it  
20 might beneficially impact the community.

21 So to this point I was disheartened but not  
22 surprised when I heard that local organizations and  
23 groups who had previously pledged support for this  
24 project were being pressured by Blessing Hospital

1 to withdraw their support. I am hopeful those  
2 organizations and groups realize that QMG has  
3 supported and will continue to support Blessing  
4 Hospital. I can tell you from my vast experience  
5 in the health care field there is certainly room  
6 for two surgery centers in one community.

7 The purpose behind the Illinois Health  
8 Facilities Planning Act is not to protect the  
9 hospitals, monopolies or franchises. It is to  
10 promote orderly and economic development in  
11 necessary facilities and meet -- specially where  
12 there are unmet needs. There is no question that  
13 this project will meet that goal.

14 We have heard from numerous physician and  
15 community leaders today that support the project.  
16 The reality is the community is excited about QMG's  
17 decision to repurpose the vacant Bergner's space at  
18 this local mall, and the community is excited about  
19 QMG's efforts to expand surgical facilities in the  
20 QMG or Quincy community. Thank you very much. I  
21 urge your support.

22 MR. ROATE: Elliot Kuida?

23 MR. KUIDA: Good afternoon. My name is  
24 Elliot Kuida, and I'm here in opposition of the CON

1 application.

2 I have the privilege to serve at the  
3 Blessing Health System as the Executive Vice  
4 President and Chief Operating Officer for almost  
5 four years, and in that role, I have the  
6 responsibility to ensure that the system, the  
7 flagship entity, Blessing Hospital, fulfills its  
8 mission to serve all patients regardless of their  
9 ability to pay with safe, quality-centered patient  
10 care.

11 The Blessing Hospital medical staff is  
12 currently comprised of physicians and advanced care  
13 providers coming from both Blessing Physician  
14 Services, SIU, and Quincy Medical Group. During my  
15 tenure here in Quincy, I have seen the Blessing  
16 Hospital medical staff work towards the common goal  
17 of patient centric care. They have helped our  
18 hospital become the region's referral center  
19 providing a wide array of services to the  
20 communities we serve.

21 Without the Blessing level 2 trauma  
22 services, full service cardiovascular program  
23 including open heart surgery, neurosurgery, and our  
24 inpatient and outpatient mental health services,



1 community members would have to travel at least two  
2 hours in any direction to receive similar medical  
3 services. Unfortunately, the addition of  
4 duplicative operating rooms, procedure rooms,  
5 oncology services and cardiac cath labs as proposed  
6 by QMG would create unnecessary capacity and cost  
7 for the patients in our community. If the state  
8 approves this CON application, the QMG center would  
9 have a negative impact on Blessing Hospital's  
10 ability to generate revenue that it needs to  
11 sustain the depth and quality of our health care  
12 services that our community has come to expect.  
13 And as you have heard from some of the previous  
14 speakers, those include mission critical services  
15 such as the emergency department, the trauma  
16 program that we work so closely with QMG and our  
17 mental health services.

18           So those services would be at risk because  
19 of the financial subsidy that we use from the  
20 surgical services and other areas would not be  
21 available to help fund those services that we know  
22 our community needs and counts on. Blessing's  
23 longstanding tradition of providing care to the  
24 underserved and vulnerable populations in our

1 community will be at risk if this duplicative  
2 surgery center is allowed to proceed.

3 With that in mind, I respectfully request  
4 the that Health Facilities and Services Review  
5 Board deny CON application 18-042. Thank you for  
6 listening to my comments.

7 MR. ROATE: Kurt Leimbach?

8 DR. LEIMBACH: Hello. My name is Dr. Kurt  
9 Leimbach. I am an internist at Quincy Medical  
10 Group. I have been a member of the Quincy Medical  
11 Group board for some time now. I have been with  
12 the Quincy Medical Group for 30 years. I'm here to  
13 show my support for the proposed surgery center.

14 The center is needed by the group to  
15 address many of the issues already noted in the  
16 Certificate of Need application and those that have  
17 been addressed by my colleagues today. The center  
18 will also greatly benefit Quincy patients,  
19 prospective new patients and the community as  
20 whole. The new center will increase competition  
21 and actually give patients a choice in the region  
22 ultimately resulting in significant cost,  
23 significant cost savings to patients, employers and  
24 payors.

1 I have also submitted statements of two  
2 Quincy Medical Group physicians who cannot be here  
3 today. The statements were prepared and approved  
4 by both physicians, and I was asked to submit them  
5 to the Board on their behalf.

6 The first statement is from Dr. Adam Rafi.  
7 He is an interventional cardiologist in his last  
8 year of fellowship at the University of Florida,  
9 Jacksonville. He will be starting at Quincy  
10 Medical Group this summer. His statement addressed  
11 the many reasons that he chose to join Quincy  
12 Medical Group, and he touched on the fact that the  
13 cardiac cath procedures which we are proposing in  
14 this new center have been performed safely and  
15 comfortably in ambulatory surgery centers and have  
16 been since about 2010 nationwide.

17 The other statement that has been submitted  
18 is from Dr. Wissam Derian. He is a cardiologist  
19 with our group. He has been here for over 12  
20 years, and in his statement he discusses QMG's  
21 active ongoing recruitment of more cardiologists to  
22 our already robust cardiology practice and also  
23 touches on the CMS's recent approval of 12 cardiac  
24 cath procedures that have been added to the covered

1 ambulatory surgery center covered procedures list.

2 Thank you for your time.

3 MR. CONSTANTINO: We are going to take a  
4 short break for about ten minutes, and we will  
5 begin again. Thank you.

6 (A break was taken.)

7 MR. CONSTANTINO: We are going to get  
8 started again. First of all, I want to say that  
9 George and I will keep this, keep this public  
10 hearing open until everyone has an opportunity that  
11 wants to have oral comments open. We will keep it  
12 open until the court reporter tells me no more.

13 The second thing that I want to say, I owe  
14 an apology to Blessing Hospital. I had mistakenly  
15 told them evidently that they were limited to two  
16 minutes per comment. I owe an apology to Betty  
17 Kasparie, and I have already heard about it once.  
18 I'm sure I will hear about it many times going  
19 forward. But I do apologize to them. That was my  
20 error.

21 The last thing that I want to comment on is  
22 the fact how we are going to conclude the meeting.  
23 We are going to allow Blessing Hospital to provide  
24 closing comments and then Quincy Medical Group to

1 end the meeting.

2 So now we will get started with public  
3 testimony again. I believe Tim Trainer, Blessing  
4 Health System.

5 DR. TRANOR: I'm Dr. Tim Tranor. I'm  
6 reading on behalf of Dr. Chris Solaro who serves as  
7 Chief of Medicine of Blessing Health System, the  
8 Executive Director of Crossriver Quality Health  
9 Partners, a newly formed clinically integrated  
10 network in our region, and Associate Medical  
11 Director of Quincy Area EMS. He also works as an  
12 emergency physician for Blessing Hospital for 14  
13 years.

14 Over the past several weeks I have come to  
15 appreciate the negative impact a new surgery center  
16 will have on the patients in our region and thus  
17 felt the need to express my opposition to this  
18 project and its associated CON.

19 In my clinical practice I care for  
20 patients, often in their greatest hour of need  
21 regardless of their ability to pay. These patients  
22 derive great benefit from the clinical partnership  
23 forged between like-minded physicians from both  
24 Blessing Health System and Quincy Medical Group.

1 Our level 2 trauma center, trauma orthopedics  
2 program, cardiovascular program and hospital-based  
3 cancer centers are good examples of how cooperation  
4 in the name of excellent patient care has helped  
5 Blessing evolve from a community hospital to a  
6 regional referral center, a regional referral  
7 center for services that benefit all patients  
8 including the underinsured and underserved.

9 Opening a second surgery center in Quincy  
10 will -- one that will move surgical, cardiac and  
11 oncology services away from our full-service  
12 non-profit health system is divisive and will erode  
13 the ability of our system to generate revenue it  
14 needs to support safety net services that patients  
15 in our region deserve and have come to count on.

16 I am proud to be employed by a  
17 not-for-profit health system whose mission includes  
18 caring for underserved patients in our region, and  
19 I have a serious concern that this project will  
20 threaten the ability of our health system to  
21 continue to care for this vulnerable population.

22 I respectfully ask that the Health  
23 Facilities and Services Review Board deny CON  
24 application 18-042. Thank you.

1 MR. CONSTANTINO: Tanya Mino(sic)?

2 DR. MERO: Mero.

3 MR. CONSTANTINO: Mero, sorry.

4 DR. MERO: Good afternoon. My name is Dr.  
5 Tayna Mero. I'm a physician at Quincy Medical  
6 Group specializing in gynecology. I joined Quincy  
7 Medical Group in 2005. I currently perform  
8 procedures in the surgery center currently located  
9 at Hampshire Street in Quincy.

10 In general, in most surgery centers, there  
11 is a focus on ensuring the patients have the best  
12 surgical experience possible at the most affordable  
13 rate. In addition to efficiencies and resulting  
14 cost savings, surgery centers also often provide  
15 for a quick turnaround time for patients. This is  
16 one of the main reasons I think surgery centers are  
17 so valuable to positive patient outcomes and  
18 experiences.

19 Physician ownership of a surgery center  
20 leads to enhanced efficiency and incentivizes  
21 physicians to provide better patient care. When a  
22 large-scale institution like a hospital owns a  
23 surgery center, physicians often have to deal with  
24 nonresponsive, bureaucratic environments that

1     reduce efficiencies. A physician owned and led  
2     surgery center like the one proposed by Quincy  
3     Medical Group will be great for patients, payors  
4     and physicians. Another benefit to the proposed  
5     surgery center is that it will allow physicians to  
6     have immediate access to the complete electronic  
7     medical record for a particular patient as we will  
8     be able to utilize Quincy Medical Group's  
9     electronic medical record system, Epic. There will  
10    no longer be a need to navigate two very different  
11    electronic medical record systems. Having one  
12    integrated electronic medical record provides  
13    coordinated, efficient and effective care. In  
14    addition to these benefits, it is expected that  
15    significant cost savings will be passed along to  
16    patients, employers and payors due to the lower  
17    ambulatory surgery rates that Quincy Medical Group  
18    will charge at the new center.

19           As a physician who will utilize the new  
20    surgery center, I'm in full support of the project,  
21    and I urge the Board to approve the project in the  
22    upcoming March meeting. Thank you.

23           MR. CONSTANTINO: Chuck, sorry, with  
24    Blessing Hospital.



1           MR. JOHNSON: My name is Chuck Johnson, and  
2 I'm Administrative Coordinator of Behavioral Health  
3 Services at Blessing Hospital. I have been a  
4 licensed clinical professional counselor for 42  
5 years. I thank the Review Board staff for the  
6 opportunity to comment on the potential impact on  
7 behavioral health services at Blessing Hospital  
8 from the proposed Quincy Medical Group's CON to  
9 establish a cancer surgical center.

10           I must oppose the CON application and urge  
11 the Review Board to deny it. Blessing is a  
12 community non-for-profit with 41 licensed  
13 behavioral beds consisting of two adult units with  
14 10 and 16 beds each, and one child and adolescent  
15 unit with 15 beds. The hospital has the only child  
16 and adolescent unit within a 100-mile radius and  
17 the only adult program within 80-miles in Illinois,  
18 Missouri, and Iowa. There are no inpatient  
19 behavioral health adult or adolescent units in  
20 Northeast Missouri and only one ten-bed adult unit  
21 in Southeast Iowa. Behavioral health services are  
22 a rare and precious resource that should be  
23 protected and not sacrificed in order to create a  
24 second and duplicate ASC in Quincy.

1 Over 50% of behavioral health admissions  
2 are referred by hospitals, mental health centers  
3 and social service agencies that come from outside  
4 of Adams County. While other hospitals in  
5 Hannibal, Missouri and Keokuk, Iowa close their  
6 adult units, Blessing made a commitment to continue  
7 its inpatient and outpatient behavioral health  
8 programs.

9 Behavioral health admissions have increased  
10 from 1,622 in 2010 to 2,080 in 2018. Average daily  
11 census increased from 25.95 in 2010 to 34.12 in  
12 2018. In other words, the need for this rare and  
13 precious resource is increasing.

14 Behavioral health programs are primarily  
15 used by an indigent and Medicaid population whose  
16 reimbursement cannot support its existence, not  
17 without the financial revenue from other hospital  
18 departments such as cancer and surgical centers.

19 Blessing's commitment to indigent care is  
20 reflected in the 77% behavioral health public  
21 funding including Medicaid and Medicare.  
22 Fifty-eight percent of behavioral health admissions  
23 are Medicaid, and the Illinois per diem rate is  
24 only \$433.45.

1 I urge you to consider the negative impact  
2 Quincy Medical Group's CON will have on the  
3 continued existence of behavioral health hospital  
4 programs. Thank you.

5 MR. CONSTANTINO: Jean Alexandre?  
6 Mr. Johnson, could I have your written comments?  
7 Thank you.

8 DR. ALEXANDRE: Hello. My name is Dr. Jean  
9 Alexandre. I'm a physician at Quincy Medical Group  
10 in obstetrics and gynecology. I have been a  
11 physician for 15 years; 11 years were spent in  
12 Chicago, Illinois. Four years ago an angel, Katie  
13 Shelp, came and rescued me and brought me to Quincy  
14 Medical Group. I'm very proud to tell people my  
15 hometown is Quincy.

16 I need you to understand the importance of  
17 this surgical center. Quincy Medical Group has  
18 always been at the forefront providing  
19 compassionate care towards their patients. I am  
20 sorry. At 1503 today I delivered a baby today. So  
21 I increased the population of Quincy by one.  
22 I'm very -- excuse my attire. Sorry.

23 So please trust me, being in Chicago you  
24 can throw a stone and hit a surgical center. I do

1 think this is a important project for our future.  
2 I'm confident that a surgery center ran by Quincy  
3 Medical Group will be a positive thing for this  
4 community. I'm sure that the quality and  
5 technology that you will see there will be a  
6 positive part of our community.

7 I respect Elliot and Maureen and Blessing  
8 Hospital and appreciate everything that they have  
9 done for me, too, but I love Quincy Medical Group.  
10 I please ask you to help me continue my career here  
11 and recommend approval for the surgery center for  
12 the Illinois Health Facilities and Service Review  
13 Board. Thank you.

14 MR. CONSTANTINO: Can I have your written  
15 comments, sir?

16 DR. ALEXANDRE: I will get you.

17 MR. CONSTANTINO: Julie Shephard, Sheparo?

18 MS. SHEPHARD: Hello. My name is Julie  
19 Shephard, and I have been the Director of Care  
20 Coordination at Blessing Hospital for eight years.  
21 Prior to this position, I worked at the Adams  
22 County Health Department for over 20 years.  
23 Through both of these work experiences, I have  
24 become very passionate about the importance of

1 agencies collaborating together to best serve the  
2 residents of our community. I have also seen  
3 firsthand the importance of safety net programs to  
4 provide much needed services for our patients. For  
5 these reasons, I must voice my opposition to the  
6 CON 18-042 Quincy Medical Group surgery center in  
7 Quincy, Illinois.

8           The care coordination program's budget of  
9 \$1.5 million is one of many safety net programs  
10 that are supported by the Blessing Hospital  
11 Community Benefit funds generated by revenue from  
12 various sources including the surgery center.  
13 Blessing's care coordination program is unique to  
14 the community due to the comprehensiveness of  
15 services involved. Staff are embedded in the  
16 primary care offices which greatly enhances patient  
17 engagement. We are able to use funding for  
18 identified patient needs from the Blessing  
19 Foundation.

20           The NCQA-certified Care Coordination  
21 program has nurses, social services, caseworkers,  
22 and therapists that have assisted over 9,126  
23 patients in a variety of ways including connecting  
24 them to community resources, coordinating health

1 care services, attending and assisting with  
2 follow-up and medical appointments, assisting with  
3 support program applications, providing disease  
4 education, therapy, advocacy, medication  
5 reconciliation and access to primary and dental  
6 care. The program has demonstrated positive  
7 outcomes both in community and clinical utilization  
8 of service areas.

9 Care coordination is vitally important in  
10 today's complex health care environment. Helping  
11 patients get the right care at the right time is  
12 crucial to having a successful health care delivery  
13 model. In order to accomplish this, we must all  
14 work together to make health care accessible and  
15 understandable for our patients. Collaboration is  
16 a key factor in our community's ability to continue  
17 to grow and expand services to meet the  
18 ever-changing health care needs. Thank you for  
19 your consideration.

20 MR. CONSTANTINO: Mr. Ghanekar?

21 DR. GHANEKAR: I'm Dr. Hrishikesh Ghanekar.  
22 First of all, thank you for coming here. I know  
23 the weather is not great, but you made an effort to  
24 come here. Already I apologize. I think I am the

1 only speaker with an accent. So if you don't  
2 understand me, please --

3 MR. CONSTANTINO: Could you spell your name  
4 for her?

5 DR. GHANEKAR: I knew you were going to say  
6 that. Hrishikesh, H-R-I-S-H-I-K-E-S-H, last name  
7 is Ghanekar, G-H-A-N-E-K-A-R.

8 I came to Quincy roughly about 15 years  
9 back. I have been -- I had the opportunity to  
10 serve the Quincy community as a physician employed  
11 by Quincy Medical Group. Currently I serve on the  
12 board of the Quincy Medical Group. I also had the  
13 opportunity to be the Chief of Medical Staff at  
14 Blessing Hospital, and I have served on board of  
15 the Blessing Hospital as well.

16 I really believe that this project is in  
17 best interest of the community. I'm not sitting  
18 here because I am employee of Quincy Medical Group.  
19 I'm saying that because I think the, this project  
20 is going to accomplish the mission of not just  
21 Quincy Medical Group but also Blessing Hospital,  
22 and that is to provide good care at a cheap cost.

23 What you need to get good care, you need  
24 quality physicians. As a member of the board --

1 and I have, I took part in the recruiting  
2 physicians. I always hear that a physician is  
3 attracted to the community when they have a  
4 ownership into the hospital or into a surgery  
5 center or into the group, and this is exactly what  
6 the surgery center is going to do.

7 We had unfortunately few physicians who  
8 have left and who have called me now and said to me  
9 that had it, had the surgery center been before,  
10 they probably would have stayed in the community.

11 I think what it is going to do is going to  
12 provide local care, which the patient, my patients,  
13 are leaving out of the community to get. It also  
14 is going to reduce the price. There is no doubt  
15 about that. Everybody has said that many times  
16 before, and there should be no doubt about it.

17 And last but not least is I think it is, it  
18 is going to be a good revenue source for this  
19 community, and because of all of these reasons, I'm  
20 strongly recommending the Board that you do approve  
21 this proposal. Thank you.

22 MR. CONSTANTINO: Lori Wilkey?

23 MS. WILKEY: Hello. My name is Lori  
24 Wilkey. I am the Administrative Director of



1 Surgical Services at the, in the cancer center at  
2 Blessing Hospital. I have worked at Blessing  
3 Hospital for 30 years and have spent my entire  
4 career focused on creating the best experience  
5 possible for patients, physicians, and our  
6 employees. I care deeply about the greater Quincy  
7 area and assuring the availability of quality  
8 health care to this community. I oppose this CON  
9 request by Quincy Medical Group because it will  
10 threaten, not advance, access to care.

11 I wish to direct my remarks to the blatant  
12 inaccuracies in this CON application related  
13 specifically to access, availability of services,  
14 and capital needs in the existing surgery center of  
15 Quincy.

16 First, given my direct responsibilities  
17 over surgical services, I can absolutely state that  
18 no request has ever been made by the manager of the  
19 existing surgery center, QMG, to its owner,  
20 Blessing, to permanently expand hours to include  
21 evenings and weekends. QMG's suggestion in this  
22 CON application is false, and it is deeply  
23 disappointing to first learn of this request  
24 through the CON filing.

1           Second, this expansion of hours request has  
2   never been a focus of discussion at the Medical  
3   Consulting Committee which I attend along with QMG  
4   as manager of the surgery center. This committee  
5   concentrates specifically on operations.

6           Third, notwithstanding the false impression  
7   left in QMG's CON application, there has never been  
8   a request to perform an expanded selection of  
9   urology cases. If there had, we would have  
10   addressed it.

11           Fourth, this CON states ENT equipment is  
12   not available at the surgery center which is false.  
13   In fact, capital equipment purchases in fiscal year  
14   '18 were over \$370,000 including equipment for ENT  
15   cases. I work collaboratively with QMG physicians  
16   on a daily basis. We sit together on more than ten  
17   committees, committees that include physicians from  
18   both Blessing and QMG, and that collaborate on  
19   throughput, access, capital needs and operational  
20   improvements. Last year alone, more than 120 hours  
21   of such collaboration occurred. All participants  
22   have a voice, the right to speak, and the right to  
23   vote on decisions that affect operations.

24           In my experience from working with QMG

1 physicians for many years, this proposal for  
2 another freestanding surgery center does not align  
3 with QMG's stated vision of providing a seamless  
4 patient experience. In fact, this will cause a  
5 divide between the provider, the patient and the  
6 surgical team. This structure will cause  
7 inefficiencies and disruption in the delivery of  
8 unified care.

9 Thank you for your time and consideration.

10 MR. CONSTANTINO: Thank you so much.

11 Mr. Noble?

12 DR. NOBLE: Good afternoon. My name is Dr.  
13 Rick Noble. I'm here today to voice my support for  
14 Quincy Medical Group's ambulatory surgery center.

15 I have lived in Quincy for 35 years. I  
16 found my wife here in Quincy. I love it, and so I  
17 consider myself a native. I have been a primary  
18 care physician in family practice with Quincy  
19 Medical Group for over 30 years, and for the last  
20 eight years I served as one of the board of  
21 directors for this organization.

22 In August of 2017, we were blessed at that  
23 time, the Quincy Medical Group board and its  
24 leadership, to be visited by Dr. Tom Price, then

1 Secretary of Health & Human Services, United States  
2 government, and one of the many topics that was  
3 addressed by Dr. Price for us as a board was how do  
4 we lower health care costs without sacrificing the  
5 quality of care for each and every patient, not  
6 only this community but across the United States.

7 We are now living in an era of health care  
8 transparency. Patients are empowered to become  
9 health care consumers. They shop for physicians  
10 who provide the highest quality of care as well as  
11 give them cost options. This was the direct words  
12 from Dr. Tom Price. I feel it is imperative  
13 physicians help lead this industry for cost  
14 savings. Again, exact words of Dr. Tom Price.

15 That is where I believe that Quincy Medical  
16 Group and its future ASC comes into play. Like  
17 myself, the vast majority of primary care providers  
18 in the tri-state area will not work or even walk  
19 into the ASC, but each and every day we refer  
20 multitudes of patients for necessary procedures.  
21 These patients belong to Medicaid, Medicare,  
22 private insurance with a large majority owning a  
23 high deductible Obamacare plan in excess \$5,000 as  
24 well as those who have no insurance. For many

1 patients, cost does become a driving force in  
2 making a decision about their health care.

3 As an example, a family member recently  
4 underwent a necessary screening procedure at the  
5 current hospital-based ASC. The facility fee alone  
6 was approximately \$4300 for the procedure. In  
7 comparison, Quincy Medical Group's projected  
8 facility is estimated to be approximately \$1880 as  
9 Michelle Frazier just recently pointed out. In my  
10 own practice, the cost of that difference can be  
11 the difference between whether a patient gets  
12 screened for a disease or not.

13 I have also, in my own practice over the  
14 last year, had patients leave my practice simply to  
15 save 50 to \$75 because their insurance wouldn't  
16 cover us anymore because we became a tier 3. Now  
17 we are back to the tier 2, they are back again.  
18 So I would ask patients, would this cost savings be  
19 something that they, that they would love to see.

20 As a board of director, I also realize that  
21 simply building an ASC for cost savings is not  
22 enough. The current hospital-based ASC is running  
23 near capacity. Numbers have been thrown out. It  
24 is projected that a significant increase in patient

1 demand will exist over the next 20 years. That is  
2 projected by Blessing's CON for their 80,000 square  
3 foot physician tower building. So not only are we  
4 going to increase patient demand, how do we manage  
5 that? Again, this is where I feel Quincy Medical  
6 Group's ASC comes into play. We will help to  
7 manage that patient demand as well as give the  
8 consumer an additional option.

9 Also, I truly believe the ASC will enhance  
10 the ability to recruit the highest quality of  
11 board-certified physicians to the Quincy area so as  
12 to continue to provide the quality of health care  
13 that we have all been accustomed to. This,  
14 therefore, I feel is a win win for the local health  
15 system which includes the hospital, employers and  
16 particularly the patients who live here.

17 I strongly support the future development  
18 of Quincy Medical Group's ambulatory surgery  
19 center. Thank you.

20 MR. CONSTANTINO: Doctor, written comments?

21 DR. NOBLE: Sorry.

22 MR. CONSTANTINO: Thank you very much.

23 John McDowell?

24 MR. McDOWELL: I'm John McDowell,

1 Administrative Director of Psychiatric Services at  
2 Blessing hospital. I have administrative oversight  
3 of our three inpatient behavioral health units. I  
4 am a licensed clinical social worker. I have  
5 worked in Quincy with social services and  
6 behavioral health for over 15 years.

7 This Certificate of Need threatens the  
8 continued viability of services that myself and my  
9 staff try to provide every day, those being  
10 inpatient behavioral health services. This hits at  
11 the most profitable areas of the hospital while  
12 leaving nonprofitable service lines like behavioral  
13 health without offsetting financial support.  
14 Blessing would need to look to find 25 million or  
15 more dollars in cost cuts, and unfortunately  
16 behavioral health services would be among the  
17 services most at risk, but yet the population we  
18 serve is vulnerable and also one of the most at  
19 risk in our community.

20 I do oppose the Certificate of Need  
21 application.

22 We have talked about safety net services a  
23 lot today. What are those? In my opinion as a  
24 social worker, those are services that are needed

1 by the people that live in our community that don't  
2 always have the option or ability to access.

3 The hospital is unique in that it is a  
4 facility that the doors don't close. Twenty-four  
5 hours a day individuals come through our emergency  
6 room. In fact, 70% of the 2,000 patients who were  
7 admitted in 2018 come through our local emergency  
8 room. They come because they need help.

9 Inpatient behavioral health services have  
10 been provided in Quincy for more than 50 years.  
11 These services are provided to the community and  
12 the surrounding areas. They are mission driven,  
13 and we must have support from the profitable  
14 entities of our organization to be sustainable.

15 The hospital recognizes what a life line  
16 these services represent for the patients we serve,  
17 and I often use an example of the investments in  
18 the 2015 patient care edition in which nearly half  
19 of the finished space was designated for behavioral  
20 health units. This was done at a time where many  
21 hospitals were closing their behavioral health  
22 units.

23 I ask to you consider if you or your loved  
24 one were going through a mental health crisis, it's



1    been determined that you need inpatient treatment,  
2    what if that treatment is not provided to you?  
3    You must go through the time-consuming, expensive  
4    and sometimes exhaustive process of waiting in one  
5    of the dozens of emergency rooms in our state  
6    waiting for a psychiatric bed. Once you get to the  
7    level of care that you need, you now do not know  
8    anyone in your treatment team. You are hours away  
9    from your home, from your professional and personal  
10   support systems. These issues would only worsen  
11   the environmental factors that affect your mental  
12   health.

13           As I began my career many years ago as a  
14   community mental health worker in Quincy, I helped  
15   clients access the emergency room in the  
16   psychiatric units many times because they were in  
17   need of services that could not be met in the  
18   community and were only available in the  
19   psychiatric unit.

20           So I do ask in an effort to minimize the  
21   duplication of services in our community and to  
22   preserve our ability to provide behavioral health  
23   services, that we do urge the Review Board deny the  
24   Certificate of Need application.

1 MR. CONSTANTINO: Sir? Thank you so much.

2 Tammy Pritchett?

3 MS. PRITCHETT: Hello. My name is Tammy  
4 Pritchett, and I'm the Director of Emergency  
5 Services at Blessing Hospital.

6 I'm here to ask the Review Board to oppose  
7 the Certificate of Need for Quincy Medical Group  
8 outpatient expansion.

9 If Quincy Medical Group's expansion is  
10 approved, it will drastically affect the  
11 revenue-producing departments at Blessing Hospital  
12 that are so necessary for the services that my  
13 department provides to our community.

14 The service that I want speak to you about  
15 today is our mental health program. This  
16 population has to have the necessary resources to  
17 maintain a healthy lifestyle and be able to obtain  
18 the help they need when in crisis. Blessing  
19 Hospital is fortunate enough to still have an  
20 inpatient psychiatric unit to transition these  
21 patients to, but it is often at capacity. Our  
22 emergency room is the front door for our mental  
23 health patients. Because of the capacity issues of  
24 inpatient behavioral health, our patients often

1 have an extended stay at times of over 24 hours in  
2 our department.

3 In 2012, Blessing Hospital built a  
4 three-bed secured area to safely manage the needs  
5 of this population. Since that time, the emergency  
6 department's mental health volume has increased  
7 from an average of 2.5 patients a day to almost 6  
8 patients a day. We are currently examining the  
9 need for future construction to allow for a larger  
10 secure area to meet the needs of the mental health  
11 patients. Without the revenue from our outpatient  
12 services, we will not be able to expand. This  
13 will cause a trickle down effect where mental  
14 health patients will have to overflow from our  
15 three-bed unit into the main part of the emergency  
16 room. This will then begin to affect the number of  
17 rooms that are available for all other patients  
18 seeking emergency treatment. We will have even  
19 less space to accommodate our already crowded  
20 emergency department, and this will increase all  
21 patients' length of stay which will be a huge  
22 dissatisfier.

23 I really want everyone who is involved with  
24 making this decision to look at the whole picture

1 and make sure that the decision that is made is  
2 truly putting our patients and community's best  
3 interest at the forefront. Blessing Hospital  
4 strives to put the patient first in everything that  
5 we do, and adding an additional surgery center does  
6 not feel like this is the right thing to do for our  
7 community. Thank you.

8 MR. CONSTANTINO: Thank you. JoEllen  
9 Randall?

10 MS. RANDALL: Good afternoon. My name is  
11 JoEllen Randall. I am the Vice President of Human  
12 Resources for Blessing Health System. One of my  
13 core HR functions is work force planning including  
14 recruitment and retention to assure the appropriate  
15 level of human capital required to provide quality  
16 care.

17 I adamantly oppose CON 18-042. It would  
18 dramatically conflict with the already challenging  
19 tasks of recruitment and retention of qualified  
20 personnel in specialty areas. We already have a  
21 greater imbalance between the number of licensed  
22 physicians our system at Blessing requires for  
23 these services, our demand, and the number of  
24 qualified applicants to meet that demand than at

1 any time in my 40 plus years of health care  
2 experience. We are managing today, but this CON  
3 will only make a bad situation worse.

4 By duplicating services in this market  
5 region, the employees needed to provide the service  
6 must increase.

7 The experience and qualifications needed in  
8 a cardiac cath lab make these positions even more  
9 difficult to recruit and retain. Cath labs are  
10 staffed with experienced critical care RNs in  
11 radiology and cath lab techs. Each procedure  
12 requires at least one RN and one radiology tech or  
13 a cath lab tech. Blessing currently has two open  
14 positions for its cath lab, an RN and a radiology  
15 tech. The RN position has been open since October  
16 of 2018 and the radiology tech position since June  
17 2018. The cost of training is also significant and  
18 takes approximately 12 to 15 months. There is a  
19 significant financial impact every time the  
20 hospital needs to fill one of these positions.

21 Duplicating cath lab services also results  
22 in fewer procedures being done in one place,  
23 impacting how we retain competencies for this level  
24 of skill.

1           Much like the RN shortage across the  
2   nation, a significant shortage exists for surgical  
3   technicians. Migration of these specialty skilled  
4   team members to QMG is likely since surgery center  
5   employees can avoid the on-call holiday and weekend  
6   work that is required in a 24/7 hospital setting.  
7   It takes minimum of six months to prepare a  
8   surgical tech for this position. Here again, the  
9   duplication of service in the QMG proposal creates  
10   a hardship and diminishes overall access to care.

11           This is the reality of recruiting and  
12   retaining individuals for these highly skilled  
13   positions in a labor market projected to remain  
14   short in supply for the next several years. The  
15   positions that will be duplicated if the QMG CON is  
16   granted will only add to that shortage.

17           For the sake of assuring overall access to  
18   quality health care for the greater community,  
19   Quincy community, I respectfully urge the CON  
20   should be denied. Thank you for your  
21   consideration.

22           MR. CONSTANTINO: Emily Hendrickson?

23           MS. HENDRICKSON: Put my glasses on. Good  
24   afternoon. My name is Emily Hendrickson. I'm one

1 of the associate chief nursing officers at Blessing  
2 Hospital. I, too, am a life-long member of the  
3 Adams County community, and I have worked for the  
4 health system since 2000. I also am a member of  
5 the Adams County Ambulance Board. With each of  
6 these roles in mind, I ask that you deny the  
7 Certificate of Need.

8 I work closely with the leadership,  
9 physicians and staff in the emergency room. Our  
10 emergency department is a central hub of safety net  
11 resources for our entire region. As the building  
12 of this new surgery center will directly impact the  
13 revenue of our organization, these safety net  
14 services are at risk for lack of funding.

15 We are a certified stroke and chest pain  
16 center. We are the front door for 70% of mental  
17 health patient volumes. We remain certified to  
18 care for pediatric emergencies. We have an entire  
19 regional heart network. We are currently training  
20 many emergency room and pediatric nurses to become  
21 certified as sexual assault nurse examiners to  
22 support the Illinois Attorney General's program to  
23 provide a high level of care for victims of sexual  
24 abuse.

1           Another important service we provide is a  
2   certification to care for traumas occurring in  
3   Illinois, Iowa, and Missouri. When your family  
4   needs these emergency trauma services, like 448  
5   families did in 2017 and 348 families in 2018 did,  
6   Blessing Hospital's trauma program will be right  
7   here. Ninety-eight percent of our traumas have  
8   survived their emergency room stay. This is a high  
9   quality program. It has required a strong  
10   collaboration with our Quincy Medical Group  
11   physicians. In fact, the medical director of the  
12   program is a Quincy Medical Group physician who  
13   received compensation to oversee the program. No  
14   piece of equipment or no process change has ever  
15   been denied for our trauma program.

16           Each of these major safety net programs  
17   have little to no funding and are high cost; yet we  
18   are required to keep these resources 24/7 to meet  
19   the needs of our community.

20           As a previous cardiac cath lab director, I  
21   can assure you the duplication cardiac services is  
22   going to increase to the cost to our community.  
23   And yes, we know that CMS has passed the ability to  
24   do an off-site cardiac cath lab which is a



1 diagnostic center only.

2 Because of the lack of the integrated  
3 medical record system between Quincy Medical Group  
4 and Blessing, emergencies that have to leave the  
5 Quincy Medical Group cardiac cath lab pose great  
6 risk to our patients. As the saying goes, time is  
7 muscle, and each minute it takes to address an  
8 emergency increases the chance of patient  
9 mortality.

10 As a member of the Adams County Ambulance  
11 Board, I'm concerned that Quincy Medical Group has  
12 engaged in no communication with the ambulance  
13 county -- with the Adams County ambulance team.  
14 With an off-site cardiac cath lab, what happens  
15 with emergencies that need to be transferred to the  
16 hospital? This will place added stress to an  
17 already taxed EMS system.

18 The unnecessary duplication of services  
19 that is requested in the CON is a net negative for  
20 Quincy, especially the critical safety net  
21 services. I ask that you oppose this Certificate  
22 of Need. Thank you for your time.

23 MR. CONSTANTINO: Julie Brink?

24 MS. BRINK: Hello. Thank you for your time

1 today. I appreciate it. My name is Julie Brink,  
2 and I serve as the incoming Chair of the Board of  
3 Blessing Hospital and as a Trustee for Blessing  
4 Corporate Services.

5 The Blessing Health System has been on  
6 journey of reducing cost including freezing the  
7 pension plan for all employees, labor productivity  
8 standards, supply cost savings, and improved coding  
9 to pass those cost savings onto the patients in the  
10 form of lower costs.

11 Examples of lowering costs include lower  
12 cost lab services to patients via pass-through  
13 billing; a 30% reduction in surgical procedure  
14 pricing including colonoscopies starting July 1st,  
15 2019; free and self-administered drugs to Medicare  
16 observation patients; and for the last six years we  
17 have been increasing our discounts to our  
18 commercial insurers totaling an additional 7.8% off  
19 all gross charges.

20 Blessing is committed to continued pricing  
21 declines with future reductions planned for our  
22 next fiscal year once our new outpatient center is  
23 opened at 48th and Maine.

24 As a board member and as a member of a

1 family-owned business, construction company and  
2 trucking company with over 100 employees, I support  
3 Blessing's efforts to reduce costs while  
4 maintaining the safety net services for the  
5 community. QMG's duplication of over 19 million in  
6 capital costs without new volumes will not lower  
7 the health care costs for our community. Labor  
8 costs alone will be duplicated by 1.8 million  
9 because both Blessing and QMG will need to have  
10 minimum staffing requirements.

11 I am concerned about the financial impact  
12 of QMG's bid to open a second surgery center in our  
13 community. The 25 to 41 million dollar reduction  
14 in revenues to Blessing means the potential loss of  
15 more than 400 jobs to this organization and its  
16 surrounding community.

17 I respectfully ask that the CON application  
18 be denied. Thank you.

19 MR. CONSTANTINO: Mike Foster.

20 MR. FOSTER: My name is Mike Foster. I  
21 came here today as a consumer of health care. I  
22 was born and raised in Quincy, and I spent my  
23 entire life here. Full disclosure, I served as a  
24 volunteer board member of the Blessing Health

1 System several years ago, but I believe today based  
2 on everybody else that's been here already, I may  
3 be the closest to a pure consumer that you have had  
4 up here so far.

5 We are blessed in Quincy to have terrific  
6 health care facilities and excellent providers.  
7 Personally I see a specialist at Blessing, three  
8 specialists at QMG, and my primary care physician  
9 is at Southern Illinois University. So I have no  
10 axe to grind. We need all of those folks.

11 And I'm going to divert from my prepared  
12 remarks because as I have heard a lot of things  
13 today, there appears to be a lot of conflict  
14 between the facts in the CON, and I think it is  
15 important that those things get resolved because  
16 before we spend \$20 million, which ultimately the  
17 community is going to have to pay back, I would  
18 hope that those things would be resolved and that  
19 we look at this thing and understand that there has  
20 got to be ways to work together.

21 I'm not sure what the latitude of the board  
22 is in terms of the kinds of things whether they can  
23 say yes or no or they have other means to come  
24 back, but I hope when they consider all that they

1 have heard today, that maybe they will take a look  
2 at what else can be done besides just running out  
3 and building a new center.

4 A lot of the projections were based on  
5 increased volume. The projection for the success  
6 of the outpatient surgery center was based on some  
7 significant increase volumes and those increased  
8 volumes likewise were what were going to offset the  
9 detrimental portion of that to the hospital.

10 Those are big decisions. I managed a large  
11 company years ago, and whenever we wanted a project  
12 to fly, we'd just say well, it is going to increase  
13 volume. And so sometimes that works, sometimes  
14 that doesn't. It is a big gamble. And as a  
15 consumer of health care here in Quincy, I want  
16 there to be a strong hospital, I want there to be  
17 strong providers, but at the end of the day I want  
18 to make sure that we are on a level playing field  
19 and everyone understands what that means.

20 So my view is that I would respectfully  
21 request that you deny the CON at this time and see  
22 what else can be done. Thank you for your time.

23 MR. CONSTANTINO: Do you have written?

24 MR. FOSTER: No, just off the top of my

1 head.

2 MR. CONSTANTINO: Dr. Sanchez?

3 DR. SANCHEZ: Good afternoon, and thank you  
4 for the opportunity and time to listen to our  
5 comments. My name is Salvador Sanchez, and I'm a  
6 psychiatrist. I'm employed by Blessing Hospital  
7 for the past 15 years, and I am -- I serve as the  
8 Medical Director for Behavioral Health at the  
9 Blessing Health System. I'm in opposition to the  
10 CON 18-042 Quincy Medical Group surgery center in  
11 Quincy, Illinois.

12 It is my professional opinion that an  
13 additional outpatient surgery center will be  
14 detrimental to our community and a duplication of  
15 services. Quincy Medical Group is requesting to  
16 duplicate profitable services that exist in the  
17 Blessing Health System today. These services and  
18 the revenue they generate support key services such  
19 as mental health. Blessing is a major supporter of  
20 both inpatient and outpatient behavioral health  
21 services in our region. Being the only behavioral  
22 health center 100 miles around, providing services  
23 for all counties in the State of Illinois,  
24 Missouri, and Iowa, behavioral health center sees

1 an average of 165 patients per month, more than  
2 2,000 patients a year. Without those services due  
3 to a lack of funding, the patients who present with  
4 critical mental health needs will not be able to be  
5 served locally and will have to be transferred to  
6 other facilities hours away. The types of patients  
7 that we currently provide services to are a  
8 severely underserved and underprivileged population  
9 including low income and the indigent population.  
10 Unfortunately, Quincy Medical Group has failed to  
11 take this into consideration in their proposal.

12 I would like to also add to my comments it  
13 was mentioned that the community supports building  
14 this center at the mall. I wonder if the community  
15 has been informed or has taken into consideration  
16 the domino effect that this new center will have in  
17 the community and the impact in providing mental  
18 health services.

19 It has been mentioned as well that patients  
20 have to wait for longer than 24 hours awaiting for  
21 a bed in a behavioral health center. The reason  
22 why these patients have to be held in our emergency  
23 department for more than 24 hours is because there  
24 are no beds anywhere, not even 100 miles outside of

1 the community. There is no beds 100 miles around  
2 or even longer than that.

3 It is important that also the Board  
4 understands that our behavioral health center  
5 provides education and services to nurse  
6 practitioners, residents, medical students. We  
7 also provide services for other agencies in the  
8 community such as Transitions of Western Illinois,  
9 Chaddock School, SIU. So all of those services are  
10 vital to the community.

11 For that reason, I'm respectfully  
12 requesting the decision to deny CON 18-02(sic).  
13 Thank you.

14 MR. CONSTANTINO: Thank you, sir. Brenda  
15 Bresler (sic)?

16 MS. BESHEARS: Thank you very much for  
17 being here today. My name is Dr. Brenda Beshears.  
18 I'm the President and CEO of Blessing College of  
19 Nursing and Health Sciences. I'm here today to  
20 oppose the CON application.

21 Community resources are not endless. That  
22 is why collaboration through a sharing of those  
23 resources is critical. It is something that the  
24 Blessing System does every day.



1           If the Blessing Health System loses  
2 millions of dollars in revenue due to an  
3 unnecessary replication of services, it will have a  
4 dramatic effect not only on the bottom line, but  
5 also on the education of health care providers in  
6 our region.

7           I know this topic well being centrally  
8 involved in the education of health care providers  
9 leading to our work force development here in  
10 Quincy. Financial support of approximately \$1  
11 million per year from Blessing enables graduates  
12 from our College of Nursing and Health Sciences to  
13 have very low debt for their four years private  
14 education. Sixty-five percent of our graduates  
15 stay in the Quincy region, not just at Blessing  
16 Hospital but also at clinics such as QMG, community  
17 health agencies as well as other hospitals. Our  
18 student population is a highly responsible group.  
19 For example, they collectively have a loan default  
20 rate of just 4.5% which is one of the lowest in the  
21 nation.

22           To ensure the community of Quincy has the  
23 health care providers needed for now and in the  
24 future, we have increased the number of students we

1 educate, developed programs to meet the needs of  
2 the community and ensure we did not replicate  
3 services provided at our community college. This  
4 has only been possible through the financial  
5 support from the health system. Rather than  
6 compete, we work together to share resources and  
7 increase our work force.

8           An example of this has been Blessing's  
9 assistance to John Wood Community College to ensure  
10 that its associate degree in nursing has the needed  
11 state-of-the-art simulation lab facilities.  
12 Blessing collaborates to share those costs for the  
13 associate degree in nursing program and for the  
14 surgical tech program when funding for those  
15 programs was being cut at the state level.

16           Our college developed a master's program in  
17 nursing to address the nursing faculty shortage.  
18 We developed an associate degree in respiratory  
19 care when the only program in our region closed,  
20 and most recently we launched an associate degree  
21 in health information management to meet the needs  
22 of insurance companies in our community.

23           None of these programs are free. They are  
24 heavily subsidized by the Blessing Health System.

1 Without this funding, programs would be cut leading  
2 to a shortage of health care providers in our  
3 community. Pulling 25 to 41 million out of  
4 Blessing for a duplicative surgery center is unwise  
5 and will hurt Quincy.

6 I urge that the college or CON application  
7 be denied.

8 MR. CONSTANTINO: Mike Kirby. Mike Kirby?

9 (No response)

10 MR. CONSTANTINO: Excuse me a minute.  
11 That's the last sign-in sheet that I had here. Let  
12 me check out front.

13 Timothy Moore? I will follow you right in.

14 MR. MOORE: Good afternoon. My name is  
15 Timothy A. Moore, and I serve as Vice President of  
16 Finance and Chief Accounting Officer for Blessing  
17 Hospital where I have been employed for 30 years,  
18 and I'm speaking in opposition to this CON request  
19 today.

20 I do have some comments relative to a  
21 rebuttal of several things that have been stated  
22 earlier. So I will read these.

23 Regarding the management of the current  
24 ASC, during the first session, a board member from

1 Quincy Medical Group indicated that a second  
2 for-profit surgery second center was needed in  
3 Quincy for so-called accessibility reasons.  
4 Specifically he suggested that the current ASC, in  
5 his words, drastically limits surgery hours,  
6 something that he claims makes attracting new  
7 physicians to the area difficult. This same QMG  
8 board member also read a statement that suggested a  
9 second for-profit surgery center was needed in the  
10 Quincy area because the current ASC does not have  
11 certain urology equipment.

12           These areas, hours of operation and needed  
13 equipment, are the responsibility of the current  
14 ASC manager, which is QMG, to recommend. There is  
15 an established procedure in the management  
16 agreement which outlines how QMG is to bring such  
17 matters to Blessing as the owner.

18           There has never been an operational or  
19 equipment-related request by QMG as manager that  
20 has been denied by Blessing as the owner. Never  
21 once prior to the filing of this CON application  
22 has QMG ever requested longer hours or the  
23 acquisition of urology equipment.

24           Pursuant to the management agreement under

1    which QMG runs this current ASC, Blessing served on  
2    QMG a notice to cure these defaults. These  
3    purported shortcomings have been created and  
4    allowed to preserve, persist by QMG.

5           This rationale for granting the CON should  
6    be thoroughly disregarded because there is no  
7    problem that is not presently being cured.  
8    The purported benefit of having an integrated  
9    medical record system with this second for-profit  
10   surgery center is, again, pointing to a problem of  
11   QMG's own creation.

12           As Dr. Siddiqui, our Chief Health  
13   Information Officer at Blessing, indicated so  
14   eloquently indicated, for years Blessing has  
15   suggested various ways to integrate the medical  
16   record system of the hospital and Quincy Medical  
17   Group with QMG's Iowa-based partner, which is  
18   UnityPoint, declining every such solution.

19           QMG should not be awarded the CON on the  
20   basis of its failures to identify and communicate  
21   issues and willfully fail to solve practical IT  
22   issues.

23           Moreover, the suggestion that QMG as  
24   manager only schedules physicians is patently

1 incorrect. They are responsible for the  
2 professional management of the current ASC, and  
3 there are well-articulated procedures for  
4 communicating with Blessing's owner to make any  
5 necessary capital expenditure or undertake any  
6 other needed actions. QMG has not alerted Blessing  
7 prior to the CON application being filed of any  
8 issues to resolve. In fact, they still have not  
9 made any such recommendations.

10           Regarding the new taxes that will be  
11 generated by this proposed second surgery center in  
12 Quincy, also during the first session a  
13 representative of Quincy Medical Group suggested  
14 that this second for-profit surgery center would  
15 bring benefits to the Quincy area in the form of  
16 new property and sales taxes. Of course such new  
17 taxes would pale in comparison to the taxes  
18 associated with the loss of 400 areas jobs at  
19 Blessing.

20           Relative to the lowering of ASC facility  
21 fees, QMG representatives repeatedly talked about  
22 the proposed new surgery center representing an  
23 opportunity to lower fees, but they also entirely  
24 neglected to acknowledge these lower fees come at

1 the direct cost to Blessing Hospital ability to  
2 cross-subsidize emergency services, behavioral  
3 health and safety net services. As Brad Billing so  
4 eloquently stated, these are not cost savings, they  
5 are cost shifting from one organization to another.

6 Also the premise of the cost comparison  
7 that was given by the revenue cycle individual was  
8 flawed because our reimbursement is not based on a  
9 multiple of Medicare allowables, rather it is a  
10 discount off of the established charge price. So  
11 the pricing proposal that's being implemented at  
12 Blessing will, in fact, benefit the commercially  
13 insured.

14 Failure to account for impacts on critical  
15 safety net services and local jobs: The planning  
16 act has an important purpose, the purpose of  
17 critical safety net services. Never once did QMG  
18 acknowledge or address the negative impacts of its  
19 proposal on such services on Quincy. They did  
20 acknowledge that a second ASC in this area will  
21 dramatically cannibalize the patient volumes now  
22 served at the current Quincy surgery center. QMG  
23 only offers a suggestion based on nothing other  
24 than asserting that volumes will somehow grow in

1 this region in two years.

2 Relative to UnityPoint's ownership, I would  
3 urge legal counsel to reference page 38 of the  
4 application where says, and I quote, UnityPoint  
5 Health will have approximately 40% ownership  
6 interest in Quincy Medical Group's surgery center.

7 The failures to meet the requirements of  
8 the planning act: Never once did the applicant  
9 walk through the statutory and regulatory  
10 requirements to be granted a CON. As Blessing  
11 pointed out, this CON application fails to meet all  
12 five criteria. We believe it speak volumes if QMG  
13 never rebutted this very obvious flaw in the  
14 application.

15 Then finally, Blessing is, in fact, open to  
16 the sort of collaboration that would better serve  
17 Quincy than this divisive CON application. QMG  
18 never once proposed a collaborative arrangement  
19 with Blessing to avoid this duplication of services  
20 and this terrible threat to our safety net services  
21 in this community. To avoid this horrific loss of  
22 jobs, they came to the Review Board with a CON  
23 application of which Blessing knew nothing, and now  
24 they suggest it is on Blessing to propose a



1 partnership. That is not how the real word works.  
2 We are prepared to discuss any proposal by Quincy  
3 Medical Group. Go ahead and withdraw this CON  
4 application and let's start a process in good  
5 faith. Thank you very much for your time.

6 MR. ROATE: John Bejoy?

7 DR. JOHN: Good afternoon, everybody. My  
8 name is Bejoy John, and I'm a board certified  
9 psychiatrist for Blessing Health System. I'm here  
10 today in opposition to CON 18-042.

11 As a full-time practicing psychiatrist, my  
12 colleagues and myself provide services to those  
13 patients experiencing mental health crisis seven  
14 days a week, 24 hours a day regardless of the  
15 ability to pay. Blessing has invested millions of  
16 dollars annually to provide these services, not  
17 only to Quincy but also to the entire region.

18 Over six patients a day experience acute  
19 mental health crisis and come to our emergency room  
20 department. My colleagues and I care for patients  
21 that are our community members and family members.

22 Mental and behavioral health crisis can  
23 affect anybody at any time. These services would  
24 not be possible without the financial support from

1 Blessing Health System. Quincy Medical Group and  
2 UnityPoint failed to see the financial impact of  
3 duplicating services of Blessing's ability to  
4 provide costly but greatly needed mental and  
5 behavioral health services for our community.

6 It is for those reasons I respectfully ask  
7 the Health Facilities and Services Review Board to  
8 deny the CON application 18-042. Thank you for  
9 your consideration.

10 MR. ROATE: Deanna Sublette?

11 MS. SUBLETTE: You actually called my name.  
12 I'm really nervous now. Okay. I'm one of the 400  
13 possibly at risk for losing their job. I work at  
14 Blessing Hospital. I have been here for nine  
15 years. I worked on the adult psych services unit.  
16 I started out as a tech, and now I'm a licensed  
17 clinical professional counselor.

18 I'm speaking on behalf of a particular  
19 family member of a patient who lives in Alabama.  
20 She shared with me the importance and comfort  
21 knowing her mother was cared for by staff on the  
22 adult psych services unit and showed her  
23 appreciation by sending flowers with a note  
24 attached. This expression of gratitude wouldn't be

1 possible without the compassion and the dedication  
2 of inpatient psychiatric services.

3 So I stand in opposition of QMG's CON.  
4 Thank you.

5 MR. ROATE: Tori Edison?

6 MS. EDISON: Hello. My name is Tori  
7 Edison, and I'm here because of the 24 patients on  
8 adult psych and behavioral medicine that I worked  
9 with today at Blessing Hospital.

10 Today our adult beds were occupied at 92%,  
11 and our average occupancy rate thus far for 2019  
12 for the adult beds was 86%.

13 Here is some of the feedback from the  
14 patients today regarding how important it is to  
15 have close access to inpatient behavioral health  
16 care. For one patient it is his fail safe. It is  
17 his insurance policy. It provides a light at the  
18 end of the tunnel for him. It is a great place to  
19 get help that is close by for people who don't have  
20 any other way to get help.

21 For another one, I would not be alive today  
22 if weren't for Blessing with the help that I have  
23 got here. I would have no hope. I am bipolar. I  
24 cycle quickly, and I don't even realize until it is

1 too late, and by then I need to be in a hospital.  
2 It takes professional help to get me balanced out  
3 with medications, and I'm lucky to be able to get  
4 that right here close to where I live. This is a  
5 very important service. My last stay in behavioral  
6 health I got sober, and you guys got me into rehab.  
7 I have now been sober for 45 days. I have been to  
8 psych units more times than I can count. That's  
9 not a good thing, but it is the truth. I don't  
10 live in Quincy. I live an hour away. But this is  
11 still the closest hospital that I can go to when  
12 I'm struggling with my depression. Even though it  
13 is kind of far from where I live, my family is  
14 still able to visit me in the hospital, and I am  
15 thankful for that. If there was not an option to  
16 come here and I had to go further than an hour  
17 away, I don't know what I would do. I'd probably  
18 be dead by now.

19 Yes, having a new QMG surgery center in  
20 town would be -- would offer some additional  
21 options when you need to have surgery. However  
22 there is ripple effects such as a develop -- such a  
23 development would be seen and felt to the inpatient  
24 behavioral health care that Blessing is currently

1 able to provide not only to our community but to  
2 the entire tri-state area.

3 So I encourage to you ask yourselves this  
4 question. I currently have the options to have  
5 surgery in town, but do I need more options, or  
6 does there need to be access to acute inpatient  
7 psychiatric health care in case my family member  
8 tries to kill themselves?

9 I stand in opposition of QMG's CON. Thank  
10 you.

11 MR. ROATE: Timothy Koontz?

12 MR. KOONTZ: Good afternoon. My name is  
13 Tim Koontz. I'm the Chairman of the Blessing  
14 Corporate Services Board of Trustees. Blessing  
15 Corporate Services is the parent entity of both the  
16 Blessing Health System which Blessing Hospital is  
17 and affiliate.

18 I respectfully oppose this CON application.

19 Blessing had made tremendous progress over  
20 the past 20 years growing from a solid community  
21 hospital to a strong regional health care provider.  
22 Along the way we have remained dedicated to  
23 convenient local access to the widest variety of  
24 care possible.

1           We have also never forgotten or forsaken  
2   our non-profit mission, providing care to all in  
3   need regardless of the ability to pay. That  
4   includes the offering of vital safety net services  
5   including trauma care and behavioral medicine.  
6   These are services that directly impact the quality  
7   of life of every resident in this community, and  
8   they cannot survive financially without a large  
9   subsidy as you have heard previously. Blessing,  
10   with the support of this community, keeps the  
11   safety net of vital and costly services in place  
12   and of highest quality.

13           Indeed, all communities across Illinois --  
14   in all communities across Illinois, non-profit  
15   health care survives in a delicate environment  
16   where revenue must be generated to offset losses  
17   sustained in the delivery of safety net services.  
18   Opening a new for-profit outpatient surgery center  
19   would upset that balance. It would hurt millions  
20   of dollars potentially realized from outpatient  
21   surgical procedures, money that is needed to help  
22   provide safety net services. Corporate profits for  
23   Quincy Medical Group and its out-of-state partner,  
24   UnityPoint, will come at a great cost in the loss

1 of safety net services. This community will  
2 suffer.

3 If this community would benefit from a new  
4 outpatient surgery center, I would not be speaking  
5 here today. However, the need has been met for  
6 more than a decade and continues to be met every  
7 day through the current outpatient surgery center  
8 which is on the Quincy Medical Group campus.

9 There is a suggestion in the CON  
10 application that Blessing was offered a role in the  
11 proposed new ambulatory surgery center through a  
12 joint venture agreement. This is not true. I  
13 respectfully suggest that the Review Board  
14 carefully consider the willingness of this  
15 applicant to suggest otherwise in its formal  
16 filings.

17 Quincy Medical Group was previously awarded  
18 a surgery center CON. However, after running one  
19 for a period time, chose to sell the surgery center  
20 to the Blessing Health System while retaining the  
21 management agreement. I believe this speaks  
22 volumes.

23 The greater Quincy community benefits today  
24 from services offered through the cooperation

1 between Blessing and Quincy Medical Group, not  
2 duplicated services.

3 I respectfully ask that the Health  
4 Facilities and Services Review Board deny the  
5 Certificate of Need application 18-042. Thank you  
6 for your consideration.

7 MR. ROATE: Aaron Dunn? Mr. Dunn?

8 DR. DUNN: It is Andrew Dunn.

9 MR. ROATE: Andrew. I apologize.

10 DR. DUNN: I am one of family medicine  
11 physicians at Blessing Health Services, and I'm  
12 here today to offer my words in hope of denial of  
13 this CON.

14 I have been at Blessing for the last three  
15 years. I came here right out of residency, and I  
16 did residency training in the Chicagoland area.

17 One of the reasons that I am here today is  
18 because of how important residency training is in  
19 training new physicians and not only physicians but  
20 training nurses, radiology techs and that. Part of  
21 this CON, if the new surgery center is opened up,  
22 is potentially those resources to those students,  
23 future physicians, future nurses, future radiology  
24 techs could diminish without the resources that



1 Blessing is able to provide them.

2 In training in the Chicago area, I have  
3 also seen how opening up, duplicating services  
4 oftentimes can affect the hospital, the institution  
5 that takes care of the underserved patients without  
6 having the revenue that is generated. Payor  
7 commercial insurances sometimes will drive down the  
8 quality of care in the services that the hospital  
9 that serves that underserved community.

10 By reading into the CON, the amount of  
11 charity care that is listed that QMG provided from  
12 2017 seems to be drastically reduced in terms of  
13 where they have been at in the past. Probably  
14 fails to compare what they could be able to offer  
15 the community at large that needs it.

16 I wasn't initially going to speak here. I  
17 was at clinic. But listening to this broadcast  
18 during clinic and talking with my colleagues, I  
19 felt compelled, in fact, hearing the voices from  
20 one of the physicians and how important it is to  
21 strongly consider denying the CON would be to the  
22 community and to the physician community at large.  
23 Thank you.

24 MR. CONSTANTINO: Is there anyone who has

1 not provided oral testimony and wants to? Yes,  
2 ma'am?

3 MS. LINDSTROM: Still before 5. Good  
4 afternoon. My name is Rebecca Lindstrom. I'm one  
5 of the two CON attorneys here today representing  
6 QMG on this project. I was not going to speak, but  
7 I do feel compelled like the last speaker to speak  
8 up on a few things that have been said today. I  
9 would like to address every inaccuracy that I have  
10 heard, but I am only going to touch on a few. I  
11 just think it is important to clarify them for, for  
12 the staff and for the Board.

13 For those who understand the Board's review  
14 criteria, one is whether the project will result in  
15 an unnecessary duplication of services. The key  
16 word being "unnecessary".

17 We carefully, QMG and us and our QMG -- our  
18 consultant, we carefully took Blessing Hospital  
19 into consideration with the project from the start.  
20 The numbers from our experienced consultant show  
21 that in 2021 when the project is going to be  
22 completed and open, Blessing Hospital's total 17  
23 operating rooms and procedure rooms will meet state  
24 standards regarding utilization, meaning there is

1 not going to be an impact. There is not going to  
2 be an unnecessary duplication of services.

3 The numbers used by our expert were not  
4 pulled out of thin air, they are from Blessing  
5 Hospital reported data. They are a reflection of  
6 Blessing Hospital's historic growth and their  
7 expected projected growth. Again, these are  
8 Blessing Hospital's own numbers. We didn't make  
9 them up.

10 The numbers we used don't even take into  
11 account, though, physician growth, and both  
12 Blessing Hospital and QMG are actively recruiting.  
13 This is evident from Blessing Hospital's own  
14 application filed last year which somewhat flaunt  
15 their growth and their active recruitment.

16 QMG and Blessing are both growing, and they  
17 will continue to grow. There is a need for the  
18 surgery center. There is room for 2 surgery  
19 centers in Adams County, and the new surgery  
20 center, based on our analysis of the numbers which  
21 is, again, based on what Blessing Hospital has  
22 reported, show that there will not be any  
23 unnecessary duplication of services or an adverse  
24 on impact Blessing Hospital when the surgery center

1 opens in 2021.

2 The second point that I want to address is  
3 Blessing Hospital's comments made today about a  
4 loss of 25, I think the numbers were 25 to 41  
5 million dollars in revenue, a loss of 400 jobs when  
6 the new surgery center opens and that Blessing  
7 Hospital's loss of this revenue will cause Blessing  
8 hospital to stop providing safety net services.  
9 We strongly disagree with those statements.  
10 Blessing Hospital's own numbers don't support this.  
11 In fact, they say the opposite.

12 Blessing Hospital will not be adversely  
13 impacted by the surgery center. These are scare  
14 tactics sadly to, it seems, scare their own  
15 employees to speak up on it.

16 As I said earlier, there has been and will  
17 continue to be growth by both Blessing Hospital and  
18 QMG. This is strongly supported by historic and  
19 projected growth from Blessing Hospital's own  
20 numbers, and growth means new jobs.

21 Again, Blessing Hospital promoted this  
22 growth just last year to this Board in its active  
23 recruitment of physicians, and QMG is, itself,  
24 actively recruiting as well. New physician growth

1 means you need to have staff to support those  
2 physicians. That means you need the nurses. So  
3 there would be no reason for Blessing Hospital to  
4 lay off 400 employees with the expected growth  
5 that's going to occur from both QMG and Blessing  
6 Hospital.

7 Because Blessing Hospital will not be  
8 adversely impacted by the new surgery center, there  
9 will not be a loss of 25 to 41 million dollars in  
10 revenue, there will not be a need to lay off 400  
11 employees, and there will not be a need for  
12 Blessing Hospital to stop providing safety net  
13 services.

14 Again, these are scare tactics by Blessing  
15 Hospital based on unsupported and, quite frankly it  
16 seems, unreliable numbers. It is an effort by  
17 Blessing to get people to oppose this project that  
18 is innovative and needed in this community.

19 I strongly support the project. Thank you.

20 MR. CONSTANTINO: Is there anyone else that  
21 hasn't provided oral testimony? Yes, sir?

22 DR. SULLIVANT: I'm Doug Sullivant. I  
23 don't have any prepared remarks, but I have been in  
24 Quincy for 24 years. I'm a neurologist, and I have

1 provided many a long hours of care for indigent, et  
2 cetera in this community. I have been on the board  
3 of Quincy Medical Group, I have been Vice President  
4 for the last 15 years or actually minus one.  
5 Michael Owenga was elected after me and Dan didn't  
6 run. Michael Owenga and Rishi Ghanekar were both  
7 elected. Michael Owenga is not here to talk. I  
8 wish he could. I'm a neurologist, not a urologist.  
9 I can't speak to the remarks that he had comments  
10 about the availability of surgery.

11 But I do know one thing. If you build it,  
12 they will come. No one will hurt. That's my  
13 belief. I believe that wholeheartedly. I believe  
14 that firmly.

15 And the other thing, a Winston Churchill  
16 quote. Many see a capitalistic economy -- which I  
17 would analogize to a physician-run group -- as a  
18 predatory animal to be shot. Some see it as a cow  
19 to be milked. And few understand it as the sturdy  
20 horse that pulls the wagon. And that's what we  
21 have here right now.

22 I don't believe in socialism, and to think  
23 -- to hear to run up the stuff about the first  
24 thing that's going to go is -- they didn't always

1 own the surgery center and always provided those  
2 services. They are a not-for profit. They are  
3 not-for-profit. I guess we look at the books, we  
4 will probably see they are not running at a profit,  
5 but, I don't know. I mean, I don't know that. But  
6 the whole point of it is I still think this is what  
7 will keep quality -- the big, blue Q stands for  
8 quality. That's what will keep quality physicians  
9 in the area.

10 So that's all that I have to say about it.  
11 I'm not on the board anymore, but I just sat and  
12 listened to this and I listened to it and I came  
13 over and I heard it. That's the same thing, so --

14 MR. CONSTANTINO: Anyone else that has not  
15 provided oral testimony and would like to? Anyone?

16 (No response)

17 MR. CONSTANTINO: Okay. Now we are going  
18 to close the meeting and have final comments from  
19 both Blessing and Quincy Medical Group. Blessing  
20 will go first, and Quincy Medical Group will go  
21 last.

22 MS. KAHN: Okay. Thank you. I don't have  
23 any typed, prepared closing comments. My name is  
24 Maureen Kahn, and I am the President and CEO of

1 Blessing Health System.

2 Today has been a long day but a very  
3 valuable day, and I think at least for me, the  
4 importance of today was to listen, to gain some  
5 insight into the Certificate of Need, for us to  
6 gain some understanding from both sides of the  
7 importance of why the surgery center, to listen and  
8 to understand and to understand from our  
9 perspective what our concerns might be coming from  
10 the hospital perspective.

11 So I think that I have to say I heard and  
12 gained a lot of information today and gained some  
13 insight. I think there was a lot of sharing of  
14 information that was not evident in the CON.

15 So I know that there were a few people that  
16 were irritated by us when we would say but  
17 UnityPoint is a 40% owner of the Certificate of  
18 Need, and I think Tracey Klein, if I am saying the  
19 name right, stood up said no. But as we read the  
20 document, it was on a page in the document, and it  
21 was clearly typed for us to say okay, we had no  
22 other way, Tracey, but to interpret it -- I don't  
23 know where you are at -- but to interpret it that  
24 way. It was not meant to irritate, but we read the



1 document, and that's how we understood it.

2 We share the same commitment that you do to  
3 high-quality, affordable health care for the  
4 community, but we do have concerns, and we do see  
5 it as an unnecessary duplication, and we do have  
6 some concerns that still remain in our mind of this  
7 meeting the intent.

8 I appreciate that you used a mathematical  
9 formula that says by 2021, we are going to get to  
10 those numbers, but I will share with you that as of  
11 the first quarter of this year, our surgical  
12 volumes are down 2% in the organization, our  
13 overall volumes are down 12%, and our cardiac cath  
14 lab volumes are down 44%. There is a very  
15 different volume that is happening in this. So  
16 when you use mathematical formulas from 2016 or  
17 2017, they don't necessarily always play out when  
18 you start to see shifts and changes in the  
19 environment. So we do believe there are  
20 differences and are some unanswered questions.

21 We believe that our community is  
22 unbelievable fortunate to have the medical  
23 providers that we have in this community, and the  
24 successes that we have had in this community are

1 because of all of the providers in this community.  
2 We have an unbelievable trauma program because of  
3 the providers. It has been a mutual effort in this  
4 community; the doctors working together to provide  
5 that care because we have to be ready 24 hours a  
6 day to provide that service.

7 But we have done that in surgery as well.  
8 We have a minimally invasive operating room when  
9 others have not had it, and we have surgeons who  
10 can do wonderful procedures that patients don't  
11 have to leave that region. That's been a program  
12 that we have built together, robotic surgery  
13 together. We have done this.

14 We think there are other opportunities to  
15 look at this surgery center together. We are  
16 willing. And you have heard others today talk  
17 about cost. We understand that, and we are open to  
18 looking at other alternatives. We have a  
19 commitment to looking at the right quality at the  
20 right price and delivering the service in the right  
21 place for our patients.

22 So I thank you, and I appreciate what I  
23 heard today, and I feel that this is a very  
24 fortunate community. Thank you. I still oppose

1 the Certificate of Need.

2 MS. KLEIN: I'm Tracey Klein, and I  
3 appreciate your correction and graciousness about  
4 the, about the UnityPoint thing. It truly -- the  
5 way I represented it, despite what might be in the  
6 application, is actually what it is. So we won't  
7 see 40% coming out of our -- going out of our  
8 community to an Iowa provider. I want to make that  
9 very clear.

10 While I appreciate your comments, I still  
11 urge support of the CON.

12 And I will just close for the group by  
13 saying, you know, we have repeatedly heard that the  
14 ASC will hurt the hospital and its employees. I  
15 think we were really surprised by the numbers. We  
16 are not convinced those numbers are reliable. And  
17 we heard 25 to 40 million and 400 jobs, and --  
18 because of a reduction of 75% of the outpatient  
19 revenue, but then we also heard it was 75% of the  
20 projected growth. That's really a very different  
21 number.

22 So I guess from our perspective, we are not  
23 sure that what's been put forth here today by so  
24 many speakers is a reliable result of what would

1    happen if we develop the surgery center, and our  
2    own consultant has very carefully reviewed those  
3    numbers. He has looked at historical growth and  
4    looked at some of Blessing Hospital's own numbers  
5    as they are put forth in the applications for their  
6    CONs and feels very comfortable in that growth  
7    number.

8            I would also say that if the center -- the  
9    growth number does not take into account -- this is  
10   really important. If you look at the strategic  
11   plans, I think, of QMG and the strategic plans of  
12   Blessing Hospital -- I have not seen them -- it is  
13   to recruit doctors. I think that you see in their  
14   CON applications that Blessing hospital has put  
15   forward there is out migration. All I can remember  
16   sitting at a CON hearing and hearing Ms. Kahn say  
17   well, we have got all this out migration. We are  
18   trying to stem that.

19           So I think in that regard we really have  
20   the same, same goals. Out migration, though, and  
21   recruitment are not considered in our growth  
22   numbers. And so if you, if you say there's been  
23   historical growth and then there is also these  
24   plans to really start amping up what we are

1 providing in specialty and subspecialty, and, you  
2 know, as I recall what I heard was out migration  
3 was orthopedics. Orthopedics seems to me to be  
4 very much related to the whole question of the  
5 facility fee and prices that are being charged. So  
6 grown while, maybe is historic and organic and  
7 maybe related to recruitment, maybe it is related  
8 to really accommodating what the employers and the  
9 patients want in terms of options. I think that  
10 ought to be considered in the thinking.

11 We have talked about the -- the hospital  
12 talked about the safety net programs and need to  
13 subsidize. I mean, it is an old-fashioned health  
14 care concept that more profitable programs  
15 subsidize less profitable programs, but my ears  
16 kind of heard a false choice. We ought to keep  
17 charging employers high, and patients, high  
18 facility fees, higher than what they could get at  
19 if they drove 90 minutes inconveniently to get  
20 outpatient procedures done in St. Louis or we are  
21 going to loose all these programs.

22 I think a different perspective that I  
23 would offer that I believe our doctors think is the  
24 case that, you know, maybe if resources are

1   precious, then we have got to look at the entire  
2   how are we spending health care resources in this  
3   community. And that leads to, you know, questions  
4   as to if we are not going to have duplication of  
5   services, why duplicate the good work that our  
6   doctors at QMG do, because duplication of services  
7   and competition is good when talking about  
8   recruiting physicians but not necessarily when we  
9   are talking about facility fees and ASC services.  
10   And our concern is that that aggressive physical  
11   recruitment program results in estimated losses --  
12   we are guessing here -- in the range of 25 to 28  
13   million for the hospital.

14           We also note that you have got aggressive  
15   plans in expansion of facilities. There was just  
16   an approval of a \$40 million office building in  
17   which apparently there could eventually be  
18   hospital, another hospital based ASC and certainly  
19   more physicians.

20           Now, we don't, we don't -- you know, we  
21   don't say we are not for competition. I think our  
22   doctors are willing to put their patient  
23   relationships and their good care out front and  
24   compete on the ground against anybody who says they

1 have got a better product.

2 But what we are hearing is that Blessing  
3 Hospital believes competition is only good when it  
4 is in its interests, and we can -- I will say it  
5 one more time. It has been said today. We hear  
6 payors and employers and patients complain, and we  
7 have not heard the hospital adequately address this  
8 concern. In fact, we have heard nothing from the  
9 community hospital or more importantly the Board of  
10 Directors of the hospital that addresses that  
11 concern.

12 I would submit to you -- and I have worked  
13 in not-for-profit hospital, you know, with  
14 not-for-profit hospitals my whole career, and I  
15 watched boards work. I have watched them look at  
16 how things are being priced for the benefit of the  
17 community, and that is a reasonable and appropriate  
18 part of corporate governance for not-for-profit  
19 hospitals.

20 So it is not about just ensuring survival  
21 through uncompetitively high prices and saying  
22 that's the cost of the resource. It is about a  
23 deliberation of what is in the best interest of the  
24 community and what is our price point for that

1 service.

2 So I would end by saying this surgery  
3 center is important to our very well respected and  
4 very important medical group. It is going to be  
5 important to recruit subspecialists to this  
6 community to stem out migration and to continue to  
7 assist Blessing to grow its service lines.

8 I would Urge the community and the hospital  
9 to support this effort. Thank you.

10 MR. CONSTANTINO: Is there anyone else?

11 DR. HAGAN: I will come forward. My name  
12 is Dr. Warren Hagan. I'm a plastic surgeon, and  
13 after 50 years or so of practicing plastic surgery,  
14 I can say as a board certified plastic surgeon,  
15 plastic surgeons were probably the first ones to  
16 realize that if you can do surgery in your office  
17 facility, you get anesthesia, facility and  
18 surgeon's fees. Then the medical community in the  
19 late 70's and 80's started realizing this, and  
20 ambulatory surgical centers came to be.

21 And I speak against this proposal because I  
22 have heard earlier today that recruiting was so  
23 important for the Quincy Medical Group to bring in  
24 physicians to this community. Well, it is a



1 for-profit. You get a dividend for bringing those  
2 patients to our surgery center and therefore we can  
3 recruit you and bring you in.

4 So I would highly speak against this  
5 because I think the profit that is drawn off of  
6 this proposed surgery center will be taken back to  
7 Iowa, to UnityPoint, and it will cost income to  
8 Blessing Hospital which now shares costs with the  
9 Netscape program for psychiatric counseling and for  
10 trauma surgeons and for indigents who can't pay  
11 their way.

12 And finally, I would like to make a --  
13 submit an article which I think it is over in my  
14 coat over there which has to deal with when  
15 competition occurs from hospitals. There are 57  
16 different modalities, and the cherry picking is  
17 usually the ambulatory surgical centers as well as  
18 the outpatient treatment centers or the  
19 angioplasties, and this article which I will submit  
20 says that hospitals tend to take these items  
21 because they are low-hanging fruit and leave things  
22 like indigent care and psychological inpatient  
23 rescue services for the larger non-profit community  
24 hospitals. Thank you very much.

1 MR. CONSTANTINO: Anyone else?

2 (No response)

3 MR. CONSTANTINO: I want you to remember  
4 that this project would be heard on March 5th,  
5 2019, in the Bolingbrook Golf Club, 2001 Rodeo  
6 Drive, Bolingbrook, Illinois, and there is an  
7 opportunity to provide public comment at that board  
8 meeting to the Board similar to what you did here  
9 today. You are more than welcome.

10 I would like to also point out that written  
11 comments on this project need to be submitted by  
12 February 13th. We will post, we will post our  
13 State Board staff report on February 19th, 2019,  
14 and you will have until February 25th to provide  
15 comments on that board staff report.

16 You can find all of this information on our  
17 web site, [www2.illinois.gov/sites/hfsrb](http://www2.illinois.gov/sites/hfsrb), or you can  
18 call the office 217-782-3516 and ask for George or  
19 myself. We will help you out.

20 If there is no one else, we have nothing  
21 else, we can go home. Thank you very much.

22 (Public Hearing concluded at 5:12 p.m.)

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## 1 CERTIFICATE OF REPORTER

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I, JENNIFER L. CROWE, a Certified  
Shorthand Reporter within and for the State of  
Illinois, do hereby certify that proceeding was  
taken by me to the best of my ability and  
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